AN EVALUATION OF DEINSTITUTIONALIZATION IN MONTANA

FINAL EVALUATION AND STATUS REPORT
OF A FOLLOW UP SURVEY OF
MENTALLY ILL PATIENTS RELEASED FROM
WARM SPRINGS STATE HOSPITAL

The Office of the Governor
Thomas L. Judge, Governor

Office of Budget and Program Planning
George L. Bousliman, Director

FINAL EVALUATION AND STATUS REPORT

of a

FOLLOW UP SURVEY OF A SAMPLE OF MENTALLY ILL PATIENTS FROM WARM SPRINGS STATE HOSPITAL WHO WERE RELEASED TO COMMUNITY SERVICE PROGRAMS PRIOR TO FEBRUARY, 1977*

Submitted by:

Ronald P. Sexton, Ph.D.

Ella G. Nickoloff, Ed.D.

OFFICE OF BUDGET AND PROGRAM PLANNING

PLANNING - RESEARCH DIVISION

George Bousliman,
Director

John S. Fitzpatrick, Ph.D.
Deputy Director for
Planning and Research

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FINAL EVALUATION REPORT

of a

Follow-up Survey of a Sample of Mentally Ill Patients from Warm Springs State Hospital Who Were Released to Community Service Programs Prior to February 1977

for the

Office of Budget and Program Planning

of the

Office of the Governor of the State of Montana

The information presented in this report was collected and compiled for Office of Budget and Program Planning (OBPP).

This report represents an evaluative summary and assessment of the level and quality of care and rehabilitation efforts currently being received by a sample of mentally ill persons, who have been placed in community settings throughout the State of Montana.

The purpose of the study was to:

1. Identify a representative sample of patients who were deinstitutionalized patients from WSSH.

2. Provide followup on this group of individuals to determine whether treatment plans were prepared and carried out.

3. Determine if the needs of the deinstitutionalized patient are met by this placement in the community.

4. Determine what treatment procedures were used once the patient was placed in local communities.

5. Determine, by the use of an acceptable measuring instrument, whether the patient is capable of adjusting to his community placement.

This evaluation contains six major sections:

1. Section One provides a profile of demographic information of those patients who have been released from Warm Springs State Hospital (WSSH) and included in this survey.

2. The Second Section covers individual client data which was extracted from the Mental Health Center files.

3. The Third Section provides information relative to the site in which the patient was placed.

4. Section Four addresses itself to the type of training received by the patients once they were placed.

5. Section Five reflects the data obtained from the Adaptive Behavior Scale.

6. The Sixth Section presents the summary, conclusions and recommendations.

I. WSSH CLIENT DEMOGRAPHIC

DATA SUMMARY

PART I

A DEMOGRAPHIC PROFILE of the DEINSTITUTIONALIZED PATIENT

Sample

The sample for this survey consists of fifty-eight patients who were released from WSSH prior to February, 1977. After reviewing a computer printout of the patients who were released, it became obvious that the majority of them were placed in sites located in Regions III and IV. To make the sample more representative of actual placement patterns, a decision was made to include a higher number of patients from those two regions. Fifteen patients each from Region III and IV were included in the survey sample. Representation from throughout the State had to be assured so ten patients each from Regions I, II, and V were then included in the survey sample.

A systematic, random sample was then drawn from the computer printout. The total number of persons released to each region was divided by the number of patients to be included in the sample. In Regions III and IV, the first and every 15th name was included; and in Regions I, II, and V, the first and every 10th name was included in the survey sample, thus assuring a systematic random sample. An additional criteria for inclusion in the sample was established. To meet the spirit and intent of deinstitutionalization, a patient must have been hospitalized at least three years or longer.

In drawing the sample, an assumption was made: That WSSH released patients according to established criteria and therefore no inconsistency in the

process of deinstitutionalization existed. WSSH estabilished as a standard for release that the patients had received maximum hospital benefits.

With established criteria and specific names, the evaluation team extracted data directly from client files. The sample was reduced by two because one patient left the state after he was released and another was deceased.

An example of the worksheet used in extracting the demographic data is found in Appendix A. Appendix B contains the Raw Demographic Data Code Identification Numbers and Titles.

Age

The age of the fifty-eight sample patients ranged from a high of 95 years to a low of 22 years. The mean age of the patients was 65.6 years. Thus, the sample represents an elderly population.

Sex

The sex of this group was evenly divided. Twenty-nine (50%) of the fifty-eight patients were male and twenty-nine (50%) were female. This separation was not by design but occurred by chance.

Marital Status

Thirty patients (51.7%) were single, ten patients (17.2%) were divorced and eleven (19.0%) were married. Three patients (5.2%) were widowed and there was no data regarding the marital status of four patients (6.9%).

Occupation

Twelve patients (20.7%) never worked. Thirteen (22.4%) worked as laborers (ranch, farm and construction). Two each worked in domestic

services, mining, teaching and as painters, accounting for 15% of the sample. There is no knowledge of whether eight patients (13.8%) even were employed. The remaining patients worked in jobs such as bartending, waitress and sales work, cook and telegrapher.

Family Members

According to hospital records, nine patients (15.52%) did not know whether they had family members. Two patients (3.4%) had none, twenty-four (41.4%) had one, twelve people (20.7%) had two and five individuals (8.6%) had three family members. The remaining 6 patients (10%) had more than three family members.

Type of Commitment

From the data collected, a person could be committed to WSSH for four different reasons. Three people (5.2%) in this sample were committed by court order. If a patient is committed for this reason, he has been involved in criminal activity and has been ordered to WSSH by a judge. Twenty-two people (38%) were voluntarily committed. Under this type of commitment, the patient has volunteered to enter WSSH for treatment. Thirty-one people (53.4%) received a standard commitment. It was necessary for two physicians to certify that the patient was mentally ill in order to confine an individual under the standard commitment clause. Two people (3.4%) were committed for emergency reasons. For a patient to be committed for the above reason, there must be no facilities in the local community to safely confine the person and formal commitment procedures must have been immediately initiated.

To make the data more meaningful, it was decided to present the times

sample patients were hospitalized in decades. During the 1920's, eight patients (13.8%) were hospitalized. During the 1930's, nine patients (15.5%) were placed in WSSH. From 1940 to 1950, four individuals (6.7%) became WSSH patients. In the 1960's, eighteen patients (31.0%) were hospitalized; and in the 1970's, eleven patients (19.0%) were hospitalized.

Number of Previous Commitments

Many of the patients in this sample were hospitalized only once. Forty-one people (70.7%) had had no previous contact with WSSH, five people (8.6%) had had one previous visit, eight people (13.8%) had had two previous visits, three people (5.2%) had had three previous visits and one person (1.7%) had had four previous visits to Warm Springs.

Diagnosis at the Time of Entry Into WSSH

The diagnoses of patients are too numerous to discuss on an individual basis. Twenty-seven different diagnosis are given. For the sake of clarity, only those most frequently used will be highlighted.

1. Thirteen patients (22.4%) had the diagnosis of schizophrenic reactions, chronic undifferentiated type.

2. Five patients (8.6%) received a primary diagnosis of schizophrenic reaction, simple type.

3. Five (8.6%) had a diagnosis of paranoid schizophrenia.

4. Four (6.9%) had the label of schizophrenia, catatonic type.

5. Three patients (5.2%) were hospitalized for mild mental retardation.

6. Three individuals (5.2%) were non-psychotic, but had an organic brain syndrome with brain trauma.

Reasons for Hospitalization

Hallucinations, delusions, disorientation, violence and the inability to care for oneself were the most prominent reasons for a patient to be hospitalized. Seven patients (12.1%) were hospitalized for having hallucinations, six persons (10.3%) for delusions, six persons (10.3%) for disorientation, five persons (8.6%) for violence, and six persons (10.3%) for inability to care for themselves.

In addition to the reasons given above, others, such as drug addiction, incompetency, senility, and epilepsy also were listed. Two patients (3.4%) in each of those categories (13.6%) were hospitalized for those reasons.

Location of Release

Upon release from WSSII, the majority of patients were placed in cities/towns within the region of their original home sites. However, as placements were made, most (75%) were placed in nursing homes in or adjacent to their home towns. Butte and Billings received the largest number of clients, twelve and nine respectively. The other patients, one, two or three in number, were placed in one of twenty-two other towns/cities around the state. Release locations were undeterminable for two persons.

Medication Upon Release

Nearly 100% of the patients were on medication at their time of release. The medication most frequently used was Artane (17.2%), Vitamin C (13.79%), Stelazine (17.2%), Thorazine (13.8%), Mellaril (15.5%) Serentil (10.3%), Dilantin (10.3%), Tritafon (12.0%) and Phenobarbital (8.6%). Many patients were using more than one drug and the dosages of the medication varied with each person. A total of seventy-four different drugs were used in treating patients while they were in the hospital.

Treatment Plan at WSSH

The sample patients at WSSH often received more than one type of treatment regime so the percentages reported will exceed one hundred percent in this category.

Chemotherapy was listed as a treatment 56.9% of the time. This was the most frequent choice of treatment. Milieu therapy was prescribed for 46.6% of the patients. Activities of daily living and recreational therapy were given to four patients respectively, accounting for 13.8% of the sample. Supportive counseling was prescribed to nine patients (15.5%). Occupational therapy was prescribed for four patients (6.9%), group therapy for five people (8.6%).

In addition, custodial care was recommended for nine patients (15.5%). No treatment was prescribed for seven people (12.1%), and for 10 people (17.2%) the plan of treatment was unknown.

Treatment Plan Upon Release

The treatment plans for those who were released from WSSH included chemotherapy for fourteen patients (24.1%), nursing home placement for

thirteen people (22.4%), rest or convalescent home for twenty patients (34.5%) milieu therapy for six people (10.3%), group home placement for four individuals (6.9%) and supportive counseling for four people (6.9%).

It must be remembered that more than one type of treatment probably would be recommended for a patient so the percentages will not equal one hundred percent.

At the time of release from the WSSH, the length of patient institutionalized time ranged from three to fifty-three years. The average length of stay for all clients in the sample was 19.93 years. Twenty patients (49%) were noted to have spent 30 years or more at WSSH prior to release.

II. INDIVIDUAL CLIENT DATA:

MENTAL HEALTH CENTER FILES

PART II

INDIVIDUAL CLIENT DATA: MENTAL HEALTH CENTER FILES

The information presented in this section was derived by conducting a direct and thorough review of each patient's active file, contained within the record keeping system maintained by the respective Mental Health Center Regional Office and/or their satellite offices.

From the original target population (N=58) drawn randomly from WSSH computerized patient release data forms, the study team was able to locate and analyze files on a total of forty-one (41) released patients. The following describes the shift in samples from an N=58 to an N=41. A breakdown by Region follows:

1. Region I, original list contained nine patients, one transferred out of the state and five were transferred to other regions. Net, N=3.

2. Region II, original list contained nine patients, one died and three were transferred to other regions. Net, N=5.

3. Region III, original list contained fifteen patients, three transferred to other regions. Net, N=11.

4. Region IV, original list contained fifteen names. Net, N=15.

5. Region V, original list contained ten patients, three transferred to other regions. Net, N=7.

Thus, file reviews on individual clients can be broken down as follows:

1. Region I, 3 of 9.
2. Region II, 5 of 9.
3. Region III, 11 of 15.
4. Region IV, 15 of 15.
5. Region V, 7 of 10.

Four additional patients were located within assigned regions following release from WSSH, but had no files that could be located within the existing regional Mental Health Center records. Two of those lients were in Region III and two were in Region V. The following is a narrative summary of the information obtained by reviewing the 41 individual client files (Table 1).

Clients' ages, education, current residence and marital status can be summarized as follows: Ninety percent (37) of the patients were over 50 years of age and sixty-six percent (27) were over 60 years of age. Thirty-nine percent (16) were over seventy years of age. Sixty-one percent (25) had less than a high school diploma. Four patients, (approximately 10%) had completed one or more years of college but none held a four-year degree. The educational status for eight patients (19.5%) was unknown/no data available.

The review of the current residence of the released patients find most (78%) residing in nursing homes. Six (16%) currently resided in group homes, one was in a foster home, one was liviing with his/her natural family and one was living independently. A look at marital status revealed most (21) to be single (51%), eight (20%) were married, and eight (20%) were divorced, and three (7%) were widowed. No data was available for one client (2%).

Responsibility for patients upon release was most commonly (N=16) assigned to the patient himself/herself (39%); two percent (1) had a legal guardian recognized; and for thirteen clients (32%) responsible parties were not identified in the files. In the case of eleven patients (27%), parents, close relatives or spouses were the responsible parties.

A review of employment information revealed that one person was actively employed (greater than 50% of the time) and one person was engaged

TABLE I - INDIVIDUAL CLIENT DATA
13 MENTAL HEALTH CENTER FILES
(page 1 or 3)

	REGION NO. I	REGION NO. II	REGION NO. III	REGION NO. IV	REGION NO. V	TOTALS	
	N = 3	N = 5	N = 11	N = 15	N = 7	N	%
						N=41	100
1. Ages:							
a. 10-20						0	
b. 21-40			2		1	3	7
c. 41-50				1		1	2
d. 51-60	1	1	4	1	3	10	25
e. 61-70	1	3	1	5	1	11	27
f. 71+	1	1	4	8	2	16	39
2. Education (highest level attained by client):							
a. 10th grade or less	1	4	5	9	6	25	61
b. High School Diploma	1			2	1	4	10
c. 1-3 years college--not completed		1	3			4	10
d. B.S. or B.A. degree						0	
e. Unknown	1		3	4		8	19
3. Client's current residence:							
a. Group Home		2	3		1	6	16
b. Foster Home					1	1	2
c. Natural Home			1			1	2
d. Nursing Home	3	2	7	15	5	32	78
e. Semi-independent		1				1	2
f. Other						0	
4. Client's marital status:							
a. Single	2	4	5	8	2	21	51
b. Married	1		4	1	2	8	20
c. Divorced		1	1	4	2	8	20
d. Widowed				2	1	3	7
e. Unknown			1			1	2
5. Party (is) responsible for the client:							
a. Parents			2			2	5
b. Spouse			2	1		3	7
c. Close relative (children or sibling)	1		2	2	1	6	15
d. Legal Guardian				1		1	2
e. Self	1	3	5 [illegible]	3	4 16	[illegible]	~~39~~ 39
f. Unknown	1	2		8	2	13	32
6. Occupational Status:							
a. Actively Employed (more than 50%)			1			1	2.[illegible]

* Region III & V: 2 clients have no M. H. files in each region.

TABLE I - INDIVIDUAL CLIENT DATA
MENTAL HEALTH CENTER FILES
(page 2 of 3)

	REGION NO. I	REGION NO. II	REGION NO. III	REGION NO. IV	REGION NO. V	TOTALS N	TOTALS %
b. Not Employed	3	2	10	15	7	37	90
c. Partially Employed (Less than 50%)		1				1	2
d. Unknown		2				2	5
7. To what facility was the client discharged to from WSSH?:							
a. Group Home		2	4	1	1	8	19
b. Foster Home					1	1	2
c. Natural Home			1			1	2
d. Nursing Home	3	2	6	14	5	30	73
e. Semi-independent		1				1	2
f. Other (Individual Living)						0	
8. Since release, how many other placements has the client had?							
a. In & Out of WSSH			1			1	2
b. Continues in Same One	3	5	9	14	7	38	93
c. 1 or 2 Placements			1	1		2	5
d. 3 or More						0	
9. Diagnostic Information: Did the client's M.H. file contain a statement of:							
a. Primary diagnosis	3	5	11	15	7	41	100
b. Secondary Diagnosis		1	1	2	2	6	15
c. Prognosis		1	4	9	1	15	37
10. Has the medication level perscribed for the client upon discharge from WSSH changed from present level taken?							
a. Insufficient Information			1		1	2	5
b. Increased	2	1	4	4	3	14	34
c. Decreased		3	1	8	1	13	32
d. No Change	1	1	5	3	2	12	29
11. Treatment Plan: Is there a current treatment plan for the client containing long-range goals?						41	100
a. Yes	3	3	10	12		28	68
b. No		2	1	3	7	13	32
						41	100

TABLE I - INDIVIDUAL CLIENT DATA
MENTAL HEALTH CENTER FILES

(Page 3 of 3)

	REGION NO. I	REGION NO. II	REGION NO. III	REGION NO. IV	REGION NO. V	TOT
						N
12. Are there intermediate objectives stated to help obtain the long-range goals?						
a. Yes		3	10	15		28
b. No	3	2	1		7	13
13. Does the training program provide for continuous evaluation and assessment?						41
a. Yes			10			10
b. No	3	5	1	15	7	31
						41

in part time (less than 50% of the time) employment. Ninety percent of the clients (37) were unemployed and data was unavailable for two persons.

Release data indicated that thirty patients (73%) were discharged to nursing home settings and that another twenty percent (8) were placed in group homes. Foster home placement, natural home placement or an independent living situation was the initial placement for one patient each. Further analysis reveals that thirty-eight (93%) have continued in their original placement. Two patients (5%) have undergone two or more placement changes and one patient was returned to WSSH.

The review of individual client files revealed that forty-one patient files contined a statement of primary diagnosis (100%); six contained statements of secondary diagnosis (15%) and fifteen files (37%) contained statements regarding patient prognosis. Medication levels for patients following release have followed a mixed pattern with thirty-four percent (14) requiring increased dosages, thirty-two percent decreased dosages, twenty-nine percent no change and five percent (2) having insufficient data.

For sixty-eight percent of the sample (28 persons), the files contained specific treatment plans with long range goals. Thirty-two percent of the files contained no treatment plans and goals. Intermediate objectives for treatment were again found in sixty-eight percent of the files and absent in thirty-two percent of the cases. Only twenty-four percent of the files (N=10) had training programs with specific provisions for continuous assessment and evaluation.

In reviewing MHC client files, twenty-six patients (63%) had been assigned case managers by the Mental Health Centers. Fifteen patients (27%) had not

been so assigned. These case managers were mental health workers (39%), psychiatric nurses (15%), clinical psychologists (5%) and group home supervisors (7%). Case manager contacts with patients upon release were centered around follow-up and maintenance (20%), home visits (17%), group therapy (7%) and placement services (7%). Thirty-four percent of the patients had no case managers and/or no contacts with case managers. Contacts between case managers and patients varied greatly in terms of frequency. Thirty-two percent (13) were scheduled monthly, twenty percent were daily and the remainder were bi-monthly or as needed (Table II).

Interviews with case managers regarding adequacy of follow-up revealed the following:

1. The majority of the clients (61%) were regarded as suitably placed and receiving sufficient follow-up.

2. Follow-up was questionable for two patients (5%).

3. Fourteen of the patients (34%) were receiving no follow-up.

4. Case managers felt that two patients could have functioned well in a less restrictive placement.

Case managers were able to identify a number of specific patient related problems in client follow-up and placement. These included physical problems (5), communication problems (6), lack of therapeutic service (3), lack of client participation (2) and legal problems (2). Eight clients were reported as having presented no problems and again, in fourteen cases, there were no managers (34%) and no available manager data.

Ongoing service contacts and contractual arrangements between clients and WSSH personnel were limited. Twenty-six clients received no continuing

TABLE II - CASE MANAGER DATA
MENTAL HEALTH CENTER FILES
(Page 1 or 4)

CASE MANAGER	REGION I					REGION II					REGION III					REGION IV					REGION V						TOTAL	
	Group Home	Foster Home	Natural Home	Nursing Home	Semi-Indep. Home	Group Home	Foster Home	Natural Home	Nursing Home	Semi-Indep. Home	Group Home	Foster Home	Natural Home	Nursing Home	Semi-Indep. Home	Group Home	Foster Home	Natural Home	Nursing Home	Semi-Indep. Home	Group Home	Foster Home	Natural Home	Nursing Home	Semi-Indep. Home	N	
1. Was the client assigned a mental health case manager?																											
a. Yes				3		2			2	1	3		1	5					4			1		4		26	6
b. No														2					11		1			1		15	3
2. Case Manager's professional title:																										41	10
a. Mental Health Worker				3		1			1					3					4					3		16	3
b. Clinical Psychologist									1				1													2	
c. Psychiatric Nurse						1				1				3										1		6	1
d. Other (G.H.)											3															3	
e. None														1					11		1			1		14	
3. Manager's purpose of contact with client:																											
a. Provides support services						1			1				1	4												7	N
b. Home Visits				1									1									1		4		7	
c. Psychotherapy											1			1												2	
d. Group therapy				2							1															3	
e. Follow-up & maintenance						1			1	1			1						3			1				8	

TABLE II - CASE MANAGER DATA
MENTAL HEALTH CENTER FILES
19 (Page 2 of 4)

	REGION I					REGION II					REGION III					REGION IV					REGION V					TOT
	Group Home	Foster Home	Natural Home	Nursing Home	Semi-Indep. Home	Group Home	Foster Home	Natural Home	Nursing Home	Semi-Indep. Home	Group Home	Foster Home	Natural Home	Nursing Home	Semi-Indep. Home	Group Home	Foster Home	Natural Home	Nursing Home	Semi-Indep. Home	Group Home	Foster Home	Natural Home	Nursing Home	Semi-Indep. Home	N
f. Placement Service											2								1							3
g. No Contact														1					11		1			1		14
4. Mental Health Center client contact Summary:																										
a. Daily				2		1			1		3								1							8
b. Weekly										1																1
c. 2/month													1	1								1				3
d. Monthly				1		1								5					2					4		13
e. 2-4 Months																			1							2
f. No Contacts									1					1					11		1			1		14
Case Manager's Interview regarding client:																										41
5. Was program follow-up by case manager suitable for client:																										
a. Sufficient follow-up				2		2			2	1	3			5					4			1		4		25
b. Insufficient follow-up														1												1
c. Unsure				1																						1
d. No data														1					11		1			1		14
6. Has the current placement been a success for the client:																										
a. Appropriate placement				2		2			2	1	3		1	6					4			1		3		25
b. Could function in a less restric				1																				1		

TABLE II - CASE MANAGER DATA
MENTAL HEALTH CENTER FILES
(Page 3 of 4)

	REGION I					REGION II					REGION III					REGION IV					REGION V					TOTALS	
	Group Home	Foster Home	Natural Home	Nursing Home	Semi-Indep. Home	Group Home	Foster Home	Natural Home	Nursing Home	Semi-Indep. Home	Group Home	Foster Home	Natural Home	Nursing Home	Semi-Indep. Home	Group Home	Foster Home	Natural Home	Nursing Home	Semi-Indep. Home	Group Home	Foster Home	Natural Home	Nursing Home	Semi-Indep. Home	N	
c. Needs a more restrictive setting																										0	
d. Unsure																										0	
e. No case manager/no data														1					11		1			1		14	3
7. Specific problems related to placement:																											
a. Adjustment problems																			1					1		2	
b. Preparation before placement																										0	
c. No problems listed				2					2		2											1		1		8	
d. Legal problems-money, guardian, agency related						1							1													2	
e. Communication problem						1								2					2					2		6	
f. Physical problem				1							1			1					2							5	
g. Client does not participate										1				1												2	
h. Not enough therapeutic prog.						1								2												3	
i. No case manager														1					11		1			1		14	

TABLE II - CASE MANAGER DATA
MENTAL HEALTH CENTER FILES
21 (Page 4 of 4)

	REGION I					REGION II					REGION III					REGION IV					REGION V						TOT
	Group Home	Foster Home	Natural Home	Nursing Home	Semi-Indep. Home	Group Home	Foster Home	Natural Home	Nursing Home	Semi-Indep. Home	Group Home	Foster Home	Natural Home	Nursing Home	Semi-Indep. Home	Group Home	Foster Home	Natural Home	Nursing Home	Semi-Indep. Home	Group Home	Foster Home	Natural Home	Nursing Home	Semi-Indep. Home		N
8. Are there any contracted services still being provided by WSSH?																											
a. Yes																											0
b. No				3		2			2	1	3		1	5					4					4			26
c. Other-unsure														1										-			1
d. No case worker				1															11		1			1			14
9. Communication with WSSh (only primary problem identified)																											
a. Sufficient communication prior to placement				1							2											1					.4
b. Insufficient information prior to placement						1				1														3			5
c. Sufficient information with actual placement				2										1													3
d. Insufficient communication with actual placement													1	2					3					1			7
e. Unsure						1								2					1								4
f. No follow-up from WSSH									2		1			1													4
g. No case																											

support service and fourteen clients had no case manager assigned.

Communication and information sharing between WSSH and Mental Health Centers regarding patient placement was viewed by case managers in the following manner:

1. Sufficient communication prior to placement (10%).
2. Insufficient information prior to placement (12%).
3. Sufficient information accompanying actual placement (7%).
4. Insufficient information with actual placement (17%).
5. No communication and information from WSSH (10%).
6. No case manager (34%).

III. PATIENT RESIDENTIAL DATA

SUMMARY

PART III

PATIENT RESIDENTIAL DATA SUMMARY

The information included in this section of the report is divided into two major parts. The first part presents descriptive information regarding the clients in-residence status, data regarding the location and nature of the residence, and information on client service, resources and programs as identified within the residential setting. Part two of this section presents a brief description of the supervisory personnel involved with individual clients within each setting.

Although a portion of this data is somewhat repetitive of data presented in other sections, it was obtained directly from the residential programs themselves and does contain new and specific pieces of information regarding clients/patients not presented elsewhere. Information in this section was obtained via direct, on-site visitation with patients, residential personnel and observations.

IN-RESIDENCE PATIENT STATUS

Forty-five patients were studied in this portion of the follow-up study. Eighty-two percent of the clients were toilet trained and eighty-seven were ambulatory. Seventy-six percent were able to dress themselves and ninety-one percent could feed themselves. Requirements for patient supervision varied greatly with individual clients. Twenty-seven percent required constant supervision, forty-six percent required moderate supervision and twenty-seven percent

required only minimal supervision. The distribution of patients across residential settings was as reported earlier in this report (Table III).

The majority of patients (78%) was not found to be involved in any specific in-residence training programs; however, two percent each were enrolled in educational and sheltered workshop programs, five percent were in activity center/avocational center programs and thirteen percent were in day care programs. The availability of these programs varied greatly from community to community. Thirty-three percent of the clients were living in communities of 10,000 - 20,000, twenty-five percent in communities of 25,000+ and twenty-nine percent lived in communities of less than 5,000 persons.

RESIDENTIAL SETTING

The majority of the residential facilities (84%) were located in middle or upper income neighborhoods according to residence supervisors.

Advisory Boards (selected community representatives) were found to be actively involved in the residential settings of eighty-four percent of the patients. Ninety-six percent of the residential settings had specific provisions for home visitations. Twenty-four percent of the patients were viewed as capable of making unescorted trips to and from the home with the remainder (76%) requiring escorts and/or supervision (Table IV).

Ninety-eight percent of the patients were limited or restricted in terms of personal possessions. Although twenty percent of the patients lived in settings providing the earning of money, in eighty-nine percent of the cases these clients were not permitted to manage their own monies. Sources of client income included Social Security payments, retirement pensions, medicaid, family or private trusts, state and federal training program monies.

TABLE III GENERAL DEMOGRAPHIC SUMMARY
SURVEY TARGET POPULATION
RESIDENTIAL DATA

		REGION I	REGION II	REGION III	REGION IV	REGION V	TOTAL N=45	
1.	NUMBER IN SURVEY	N=3	N-6(1 died)	N=13	N=15	N=9	N	%
2.	AGES: 10-20						0	
	21-40			2		1	3	7
	41-50		1		1		2	4
	51-60	1	1	4	2	3	11	25
	61-70	1	2	2	4	1	10	22
	71-	1	1	5	8	4	19	42
3.	FUNCTIONAL LEVEL							
	Toilet Trained	3	5	11	11	7	37	82
	Ambulatory	3	5	11	12	8	39	87
	Dress Self	3	5	9	10	7	34	76
	Feed Self	3	5	11	14	8	41	91
4.	LEVEL OF SUPERVISION REQUIRED							
	Maximum(Constant)			4	6	2	12	27
	Moderate	1	4	8	5	3	21	46
	Minimal	2	1	1	4	4	12	27
5.	RESIDENTIAL SETTING							
	Group Home		2	3		1	6	13
	Foster Home					1	1	2
	Natural Family			1			1	2
	Semi Independent or Independent		1				1	2
	Nursing Home	3	2	9	15	7	36	80
6.	TRAINING PROGRAM							
	Educational				1		1	2
	Sheltered Workshop			1			1	2
	Activity Center/Avocational ctr.		1			1	2	5
	Day Care	2	1	2		1	6	13
	Not Involved	1	3	10	14	7	35	78
7.	POPULATION OF COMMUNITY							
	0 - 5,000	2	2	2	1	6	13	29
	5,000 - 10,000	1		4		1	6	13
	10,000 - 20,000		1				15	33
	20,000 - 30,000				14		0	
	30,000 +		2	7		2	11	25
8.	ECONOMIC SETTING OF RESIDENCE							
	Low Income		2	1	2	2	7	16
	Middle Income	1	2	6	2	7	18	40
	High Income	2	1	6	11		20	44

The majority (87%) of the residential settings served meals family style. The patients were served meals in a common dining room and food was brought to each table and the patients served themselves. Client clothing was individually owned (100%) and each person had a private storage area or closet. Ninety-one percent of the patients shared a room with other patients and all but one had his/her own bed. The individual sharing a bed was in residence in his natural home. Four patients had private rooms within their institutional setting.

COMMUNICATION

Fifty percent of the patients had general access to telephones for incoming and outgoing calls and fifty percent of the patients were allowed to freely send or receive mail. Seventy-six percent of the patients were reported as not having the opportunity to participate in residential facility policy and procedures formulations. (Table IV).

RECREATION

The majority of residential settings offered the patient access to a wide variety of activities, recreational events and celebrations. These activities were generally available in both training and residential settings. In general, many more activities were available than were participated in by the patients (Table V).

COMMUNITY PROGRAMS AND SERVICES

The availability of various medical, educational and community programs varied from region to region. However, most regions appeared to provide equivalent and accessible services. Participation in the available services varied greatly from patient to patient, but in general, clients tended to utilize little other than various nursing, medical, dentistry, and therapy services.

TABLE IV SUMMARY OF DESCRIPTIVE CHARACTERISTICS OF CLIENT RESIDENTIAL SETTINGS

(Page 1 of 2)

CHARACTERISTICS	REGION I N = 3								REGION II N = 5								REGION III N = 13								REGION IV N = 15								REGION V N = 5								TOTALS	
	Group Home		Foster Home		Natural Home		Nursing Home		Group Home		Foster Home		Natural Home		Nursing Home		Group Home		Foster Home		Natural Home		Nursing Home		Group Home		Foster Home		Natural Home		Nursing Home		Group Home		Foster Home		Natural Home		Nursing Home			
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
Advisory Board that supervises facility?							3		2						1	1	6						1	9						15			1						1	7	Y=30 N=27	53 47
Provisions for resident to make home visitations?							3		2						2		3						1	9						15			1		1					7	Y=43 N= 2	96
Do residents have opportunity to "freely" come and go from residence when responsibility has been demonstrated?							3		2						2	1	3						1	9						15			1		1					7	Y=45 N=--	---
A. Escorted							2		2						2		2						1	9						15											Y=34 N=11	24 76
B. Unescorted							1									1	1																								
Are personal possessions maintained in kind and no.?							3		1	1					2	1	3						1	9						15			1		1					7	Y=44 N= 1	98
Is there an opportunity for the resident to earn an allowance/spending money in the residence.							3		2						2	1	3						1	9						2	13		1		1					7	Y= 4 N=41	91
Is the resident allowed to keep his /her own money?							3		1	1					2	1	1	2					1	9						15			1		1					7	Y= 5 N=40	89
Resident's major source (s) of money?																																										
A. SSI (Social Security)							1		2						1						1									11			1		1						27	59
B. Retirement Pension							1																																		2	
C. Medicaid							2		1															9						14											25	
D. Family or Private Trust																	3													1											3	
E. Training Program																																									1	
F. Other																																									2	
Are provisions taken to guarantee proper nutrition/diet for client?							3		2						1	1	3						1	8	1					15			1		1					7	38-17	69

TABLE IV SUMMARY OF DESCRIPTIVE CHARACTERISTICS OF CLIENT RESIDENTIAL SETTINGS

(Page 2 of 2)

	REGION I N = 3								REGION II N = 5								REGION III N = 13								REGION IV N = 15								REGION V N = 9								TOTALS N =
	Group Home		Foster Home		Natural Home		Nursing Home		Group Home		Foster Home		Natural Home		Nursing Home		Group Home		Foster Home		Natural Home		Nursing Home		Semi-Indep. Home		Group Home		Foster Home		Natural Home		Nursing Home		Semi-Indep. Home		Group Home		Foster Home		Natural Home		Nursing Home		Semi-Indep. Home		
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
Dining & Eating arrangements																																										
A. Family Style- Cafeteria served,							3								2								3				1		8						12				1		1				6		39
B. Fed in dining room																													1																1
C. Fed in own room																													1																1
D. Individual cooking																																													0
Resident have own chest/closet for clothes?							3								2								3				1		9						15				1		1				7		45
Is resident's clothing:																																													10
A. Individually owned							3								2								3				1		9						15				1		1				7		45
B. Shared																																													10
Sleeping arrangements																																													0
A. Individual in own room																1	1						1																		1					4
B. Shared room							3								2		2				1		3																		1		7			21
C. Own bed							3								2	1	3						2												15				1		1				7		44
D. Shared Bed																					1																									1
Does resident have access to telephone(s) for incoming and outgoing calls?							3								2	1	3				1		9												15				1		1				7		45
Is resident allowed to send and receive mail without direct supervison/monitoring?							3								2	1	3				1		9												15				1		1				7		45
Does the client have the opportunity to participate in the formation of facility policies and procedures?							3		1	1					2	2	3				1		4	5											2	13			1		1				7		Y=11 N=34
How many other MRDH clients live in this residence setting?															4	6					1	18,	3	1											8	22			2		2				6		326
Number of houseparents, supervisors, etc. in this clients residence setting?									2	1							1	1			1		11	22															2						34		61

TABLE V RESIDENCE PROGRAM ACTIVITY EVENTS

ACTIVITIES	REGION NO. I		REGION NO. II		REGION NO. III		REGION NO. IV		REGION
	Available in the Residence	Utilized by Client	Available in the Residence	Utilized by Client	Available in the Residence	Utilized by Client	Available in the Residence	Utilized by Client	Available in the Residence
Field Trips	1	1	4	4	13	7	14	5	8
Movies	3	3	5	5	10	7	15	11	7
Television	3	3	5	4	13	8	15	11	8
Sports Events					11	3	2		5
Dances			2	1	9	1	14	10	2
Records, Radio	3	2	5	3	13	7	15	14	7
Music	3	3	4	2	12	5	15	12	8
Camping/Hiking			2	2	2	2			1
Gardening	3	1	4	2	9	2	15	3	8
Bowling	1	1	2	1	6	2			3
Bicycling	1	1	1		1				2
Cooking			1	1	8	6	3		6
Sewing	3	1	3	1	12		14	4	7
Woodworking	2	1	3		11	2	14	1	4
Reading	3	1	4	3	13	5	15	6	9
Model Building			1	1			1		
Parties	3	3	4	4	12	5	14	8	7
Swimming			3	1			2		2
Arts & Crafts	3	2	3	2	10	3	15	6	8
P.E. Activities	3	2	1		12	5	14	5	5
Celebration of Holidays and Birthdays	3	3	5	5	13	10	15	9	9
Ice Skating									
Sledding									
Motorcycle Riding									
Fishing	1		3	2	6	14	3	3	1
Boating							2		
Dating			3		2		13		1
Eating, Restaurant			4	3	8	2	14	4	8
Other--Includes:	3	3	3	3	13	6	13	12	8
Plane Ride, Circus, Puzzles, Walks, Drives, Vacations, Wrestling, Church, Games (Table), Cards, Shopping, Horseshoes, Beauty classes,									

Service specialities (physical therapy and speech pathology) were generally more readily available in larger communities (Table VI).

RESIDENTIAL SUPERVISION

Data on the residence client supervisors revealed that most (58%) of the supervisors possessed B.S. or B.A. degrees. Twenty-six percent were licensed practical nurses and thirteen percent had some college education, but no degree. One supervisor had less than a high school diploma. Thirty-six percent of the supervisors had no training specific to working with patients who have mental or emotional problems. Those with training (64%) had received their training via workshops and in-service.

Eighty percent of the residential supervisors had prior experience with supervisory work, although only two had worked previously with handicapped patients. Fifty-eight percent of the supervisors had worked at their current job for one year or less. Seven percent had 1 - 2 years experience, sixteen percent had 2 - 4 years of experience and nineteen percent had 4 - 6 years (Table VII).

IN-RESIDENCE TRAINING

The in-residence training programs available and utilized by clients were largely restricted to the types of training generally associated with nursing care type facilities (e.g., bowel and bladder training) and client involvement was voluntary in nature. Training and training supervision was provided by the same personnel responsible for general patient supervision, although several programs did have "actual directors" as part of their staffing patterns.

Nursing home facilities saw their role as providing physical care, personal comfort, attention and other assistance directed toward client happiness rather

TABLE VI - SITE SURVEY RESIDENCE SERVICES DATA

	REGION I		REGION II		REGION III		REGION IV		REGION V	
	SERVICE AVAILABLE IN COMMUNITY	UTILIZED BY CLIENT	SERVICE AVAILABLE IN COMMUNITY	UTILIZED BY CLIENT	SERVICE AVAILABLE IN COMMUNITY	UTILIZED BY CLIENT	SERVICE AVAILABLE IN COMMUNITY	UTILIZED BY CLIENT	SERVICE AVAILABLE IN COMMUNITY	UTILIZED BY CLIENT
1. AUDIOLOGY	3		3	1	10		15	4	3	
2. DENTISTRY	3	2	4	2	13	8	15	8	8	6
3. MEDICAL	3	3	5	4	13	12	15	15	9	9
4. EDUCATION	3		5	1	13		15	1	9	1
5. LIBRARY	3		4		13	2	15	5	9	1
6. NURSING	3	3	5	2	13	10	15	15	9	7
7. OCCUPATIONAL THERAPY	2	1	4	1	12		15	4	3	
8. PHYSICAL THERAPY	3		4		11	1	15		8	
9. PSYCHOLOGICAL SERVICES	3	1	4	2	12	3	15	2	3	
10. ACTIVITY THERAPY (Dance) (Music)	2	2	5		11	1	14		2	
11. SOCIAL WORK	3		5	3	13	4	15	3	4	4
12. VOCATIONAL REHAB.	3		4		11	1	14		2	
13. SPEECH PATHOLOGY	3		5		11		15		4	
14. VOLUNTEER SERVICE	3	1	4		13	4	15		8	4
15. EYE SPECIALIST			4		12	4	15	4	8	5
16. FOOD & NUTRITION			4	1	13	2	15	1	8	5
17. PODIATRY								1		

TABLE VII RESIDENCE CLIENT SUPERVISOR DATA

	GROUP HOME					FOSTER HOME					NATURAL HOME					NURSING HOME					SEMI-INDEPENDENT					TOTALS	
	REGION I	REGION II	REGION III	REGION IV	REGION V	REGION I	REGION II	REGION III	REGION IV	REGION V	REGION I	REGION II	REGION III	REGION IV	REGION V	REGION I	REGION II	REGION III	REGION IV	REGION V	REGION I	REGION II	REGION III	REGION IV	REGION V	N	%
EDUCATION (highest Level attained)																											
A. Less than High School Diploma										1																1	3
B. High School Diploma*(LPN)																	1	1	6							8	26
C. 1-3 yrs. college -(not completed)		1																1		1		1				4	13
D. B.S. or B.A. degree**RN		1			1											3	1	5	3	4						18	58
E. M.S. or M.A. degree																										0	0
TRAINING SPECIFIC TO CURRENT PROGRAM																											
A. None		1			1					1						2		2	1	2		1					
B. Workshops & Inservice		1														1	2	5	3	3							
PRIOR WORK EXPERIENCE RELATED TO WSSH CLIENTS (Area/Service/Training)																											
A. Previous Job Experiences		2								1						1	2	6	3	4		1					NA
B. Relative handicapped																		1									NA
C. WSSH or Galen					1														2								NA
NUMBER OF YEARS IN CURRENT JOB POSITION																											
A. 6 mo. or less		1			1													2	2	2		1				9	29
B. 6 mo. to 1 yr.		1														1		4	2	1						9	29
C. 1 - 2 years																			2							2	7
D. 2 - 4 years																2			2	1						5	16
E. 4 - 6 years										1							2	1	1	1						6	19
																										31	

*(Number of Supervisors Interviewed)
N=30

**Licensed Practical Nurse

**Registered Nurse

than that of providing skill development and training. Group home programs tended not to conduct in-house training, but relied upon training resources and programs outside the home for services to the client.

HABILITATION PLANS

Individual habilitation plans within the residential settings were generally not in evidence and specific written training programs (goals and objectives) for individual clients were the exception rather than the rule. In nursing homes, charts and records were found to be the closest approximation to written training progams. In essence, there were no written treatment plans for emotionally disturbed patients who resided in any of the residential settings.

In summary, the in-residence on-site observations and information revealed that most patients were able to dress and feed themselves. Supervisory requirements varied greatly but most (73%) required either extensive or moderate supervision. Most patients had little access to or participated minimally in in-residence training programs. Generally, the larger the community, the greater the number of services, training programs and activities available to patients. However, even when programs were available, patients tended to participate only in medical, dentistry and related program areas.

Patient living conditions, care, clothing and personal privileges appeared to be duly considered within the majority of residential programs. However, limits were set for most clients for quantities and types of possessions, and for the opportunity to earn money. Most clients received a variety of financial support from state and federal programs and required assistance in managing their financial affairs. Access to medical, nursing and dental services appeared adequate to patient needs.

In general, individual habilitation plans were not found to be in evidence within the residential programs and the majority of residential programs had no written individual training programs for patients. The only written plans identified were found in group home placements. Generally, the residential programs viewed their responsibility as providing physical care, personal comfort and enjoyment activities rather than providing training related to skill development.

Two patients were identified in residence who did not have written Individual Habilitation Plans. Both resided in group homes. One of these patients had been transferred to the responsibility of the Developmental Disabilities Division and the other was enrolled in a Mental Health Center Program.

The majority of patients are under the direct supervisory responsibility of an assigned person. In most cases this would be a licensed practical nurse or a registered nurse. Most supervisors have had little prior experience or training in preparation for working with mentally handicapped patients.

PATIENT INTERVIEW DATA

All of those patients able to participate in a personal interview and determined to be sufficiently functional to respond to the interview questions were asked to participate. This status was determined by information contained in patient files and feedback obtained from on-site staff. Sixteen of the sample patients (36%) were so identified.

The information obtained from these interviews is presented in two parts in this section of the report. Part One, Table 8, presents a profile of the patients interviewed and includes information related to patients' age, sex, marital status,

TABLE VIII PROFILE OF CLIENTS INTERVIEWED

	REGION NO. I	REGION NO. II	REGION NO. III	REGION NO. IV	REGION NO. V	TOTAL
	N=2	N=5	N=2	N=4	N=3	N=16
1. AGE:						
A) 20 - 40		2		1	1	4 2
B) 41 - 55	1	2	1	2	2	8 5
C) 56 - 75	1	1	1	1		4 2
D) 75+						
2. SEX:						
A) Male	2	2	1	3	1	9 5
B) Female		3	1	1	2	7 4
3. MARITAL STATUS						
A) Single	2	4	1	3	1	11 6
B) Married						
C) Widowed						
D) Divorced		1	1	1	2	5 3
4. EDUCATION - Highest Level Achieved						
A) 0 - 8	2	3	1	4	2	12 7
B) 9 - 12		2			1	3 1
C) 12+			1			1
5. CURRENT RESIDENCE						
A) Group Home		2	1			3 1
B) Foster Home					1	1
C) Nursing Home	2	2	1	4	2	11 6
D) Semi-Independent		1				1

education and current residence. Part Two contains a summary of the impressions and responses obtained from patients on various interview questions. This constituted client awareness of personal data (name, age, marital status and address), knowledge of personal affairs, awareness of treatment and therapy, medication, current condition, placement, professional contacts and satisfaction with placement. These questions were developed to obtain a picture of patient orientation, awareness of current and personal events and patient awareness of treatment and care, past and present.

In reading the accompanying narrative, the reader must keep in mind that the patient-derived data was necessarily recorded and then summarized by the investigators and that individual patients varied greatly in terms of their verbal ability, reality awareness, medication levels and ability to relate to others. All previously had been determined to be capable of at least limited interview participation.

PROFILE of PATIENTS INTERVIEWED

A total of sixteen patients, nine males and seven females, were interviewed. Fifty percent were in the 56-75 age range, twenty-five percent fell between ages forty-four and fifty-five, and twenty-five percent were over 75 years of age. Eleven were single and five divorced. Twelve (75%) of the patients interviewed had an 0 - 8 grade education, three had 9 - 12 years of education and one had one year of higher education. Of the patients interviewed, eleven (69%) resided in nursing homes, three were in group homes, and one each were in a foster home or semi-independent living situation (Table IX).

CLIENT INTERVIEW SUMMARY

Seventy-five percent of the clients interviewed knew and could report accurate personal data about themselves (age, name, marital status and address). Sixty-three percent were knowledgeable regarding their financial affairs and responsible parties. Only one patient could describe treatment/therapy received while at WSSH, but ten (63%) had some knowledge of a treatment plan and individual involvement in treatment planning prior to exiting WSSH. Fifty percent (8) were able to give the approximate date of their exit from WSSH and fifty percent (8) could not give an approximate date of exit.

Although every patient reported knowledge of receiving medication(s) while at WSSH, and fourteen knew who administered the medication, only three were able to identify the actual medication they had received. Six patients (37%) were able to identify the medication(s) they were currently receiving, ten were unable. Fourteen of the interviewees (88%) were able to describe the type and frequency of currently administered therapy(ies). In addition, eighty-one

TABLE IX - CLIENT INTERVIEW SUMMARY IMPRESSIONS

(Page 1 of 4)

	REGION I					REGION II					REGION III					REGION IV					REGION V					TO
	Group Home	Foster Home	Natural Home	Nursing Home	Semi-Indep. Home	Group Home	Foster Home	Natural Home	Nursing Home	Semi-Indep. Home	Group Home	Foster Home	Natural Home	Nursing Home	Semi-Indep. Home	Group Home	Foster Home	Natural Home	Nursing Home	Semi-Indep. Home	Group Home	Foster Home	Natural Home	Nursing Home	Semi-Indep. Home	
1. Did client know personal data? (age, name, marital status, address)																										
a. Yes				2		2				1	1								3			1		2		12
b. No									1					1					1							3
c. Unsure									1																	1
2. Was the client able to indicate who was responsible for his/her financial needs?																										
a. yes				1		2			1	1	1								1			1		2		10
b. No				1					1					1					3							6
c. Unsure																										
3. Could the client describe if he/she received therapy at WSSH?																										
a. Yes																						1				1
b. No				2		1			1					1					3					1		9
c. Unsure						1			1	1	1								1					1		6
4. Did the client know if he/she was involved in establishing a treatment plan prior to leaving WSSH?																										
a. Yes				2						1	1			1					4					1		10
b. No						2			1															1		4
c. Unsure						1																1				2

TABLE IX - CLIENT INTERVIEW SUMMARY IMPRESSIONS

(Page 2 Of 4)

	REGION I					REGION II					REGION III					REGION IV					REGION V					TOT.
	Group Home	Foster Home	Natural Home	Nursing Home	Semi-Indep. Home	Group Home	Foster Home	Natural Home	Nursing Home	Semi-Indep. Home	Group Home	Foster Home	Natural Home	Nursing Home	Semi-Indep. Home	Group Home	Foster Home	Natural Home	Nursing Home	Semi-Indep. Home	Group Home	Foster Home	Natural Home	Nursing Home	Semi-Indep. Home	N
5. Was the client able to identify medication(s) used/received at WSSH?																										
a. Yes				1															1					1		3 1
b. No				1		1			2	1	1			1					3			1		1		12 7
c. Unsure						1																				1
6. Did the client know who administered his/her medication at WSSH?																										
a. Yes				2		1			2	1	1			1					3			1		2		14 8
b. No																			1							1
c. Unsure						1																				1
7. Does the client know what medication he/she is currently taking?																										
a. Yes				2						1	1								1					1		6 3
b. No						2			2					1					3			1		1		10 6
c. Unsure																										
8. Does the client know who administers his/her medication currently?																										
a. Yes				2		2				1	1			1					3			1		2		13 8
b. No									1										1							2 1
c. Unsure									1																	1

TABLE IX - CLIENT INTERVIEW SUMMARY IMPRESSIONS

(Page 3 of 4)

	REGION I					REGION II					REGION III					REGION IV					REGION V					
	Group Home	Foster Home	Natural Home	Nursing Home	Semi-Indep. Home	Group Home	Foster Home	Natural Home	Nursing Home	Semi-Indep. Home	Group Home	Foster Home	Natural Home	Nursing Home	Semi-Indep. Home	Group Home	Foster Home	Natural Home	Nursing Home	Semi-Indep. Home	Group Home	Foster Home	Natural Home	Nursing Home	Semi-Indep. Home	
9. Was the client able to describe how often and what type of therapy he is presently receiving?																										
a. Yes				2		1			2	1	1			1					4			1		2		14
b. No																										1
c. Unsure						1																				1
10. Was the client able to describe/ identify his/her daily routine accurately?																										
a. Yes				1		2			1	1	1			1					3			1		2		13
b. No									1										1							2
c. Unsure				1																						1
11. Was the client able to explain his/her diagnosis?																										
a. Yes																										
b. No				2		2			2	1	1			1					4			1		2		16
c. Unsure																										
12. Was the client able to identify their M.H. case manager, and how often they see them?																										
a. Yes				1						1	1											1				4
b. No				1		1			2					1					3					2		10
c. Unsure						1													1							2

TABLE IX - CLIENT INTERVIEW SUMMARY IMPRESSIONS

(Page 4 of 4)

	REGION I					REGION II					REGION III					REGION IV					REGION V					TOTA
	Group Home	Foster Home	Natural Home	Nursing Home	Semi-Indep. Home	Group Home	Foster Home	Natural Home	Nursing Home	Semi-Indep. Home	Group Home	Foster Home	Natural Home	Nursing Home	Semi-Indep. Home	Group Home	Foster Home	Natural Home	Nursing Home	Semi-Indep. Home	Group Home	Foster Home	Natural Home	Nursing Home	Semi-Indep. Home	%
Does the client know if he/she has been involved in establishing a treatment plan with the M.H.C.?																										
a. Yes				2		1				1	1								3			1		1		10
b. No									2					1					1					1		5
c. Unsure						1																				1
Did the client prefer a different placement?																										
a. Yes						1			2										1			1		1		6
b. No				2		1				1	1			1					3					1		10
c. Unsure																										
Was the client able to identify the date they were released from WSSH?																										
a. Yes				1		2				1	1			1					1					1		8
b. No				1					2										3			1		1		8
c. Unsure																										
Specific problems stated by client (s)?																										
a. More activities									1		1								1							3.
b. Opportunity to know community better																			1							1
c. Increase in medication																			1							1
d. No problems				2		2				1				1					3			1		2		12

percent (13) could give an accurate description of his/her daily routine.

When probed in terms of knowledge of condition or specific diagnosis, none of the patients were able to accurately identify their own. Four patients indicated awareness of their case manager and the remainder (10) were unaware or unsure (2) of who it might be. However, ten patients (63%) indicated awareness and involvement in developing a treatment plan with various Mental Health Center personnel.

Sixty-three percent of the patients interviewed indicated satisfaction regarding their current placement. Six would have preferred another placement or residence. The majority of patients (12) reported no specific problems, personal or otherwise; however, three would have preferred more activities.

In summary, patients knew little of specific medication, medical diagnoses of their problems, case managers and post-treatment or therapy at WSSH. A majority of the patients interviewed had accurate awareness of personal data, financial status, medication treatment, past and present, ongoing therapy, and daily routines. The majority appeared satisfied with their current placement and treatment, were aware of Mental Health services and treatment plans and had few complaints regarding specific problems, personal or otherwise.

IV. CLIENT DAY TRAINING PROGRAMS

PART IV

CLIENT DAY TRAINING PROGRAM ACTIVITY

This section of the narrative was designed to provide information about those patients who were involved in a specific training program (day training) outside their residential setting and to provide the reader with information regarding that training and the degree to which the patient was involved. A total of ten patients were identified as day training program participants.

All of these patients were toilet trained, ambulatory and capable of feeding themselves. One required assistance in dressing. Seven were viewed as requiring moderate supervision. (Table X)

The type of day training program, its location and specific content depended upon the individual client, location of residence and size of community. Seven of the clients were involved in day care activities with one each concurrently involved in an educational program, a sheltered workshop and an activity center/avocational center. The number of trainees and assistant trainers involved depended on the program and client count. Seventy percent of the clients involved had four or more training personnel available. The majority of the training programs provided moderate supervision as required by individual clients. The total number of persons involved in a training program, including target clients ranged in group size as follows:

1. 10 - 20, N=4
2. 20 - 40, N=5
3. 40 +, N=0
4. Insufficient data, N=1

TABLE X GENERAL DEMOGRAPHIC SUMMARY
FOR SURVEY TARGET POPULATION IN DAY-TRAINING PROGRAMS
(N=10)

	REGION I	REGION II	REGION III	REGION IV	REGION V	TOTAL N=10	
1. NUMBER IN SURVEY	N=2	N=2	N=3	N=1	N=2		
2. AGES: 10-20						N	%
21-40			1		1	2	2
41-50		1		1		2	2
51-60	1	1	2		1	5	5
61-70	1					1	1
71+							
3. FUNCTIONAL LEVEL							
Toilet Trained	2	2	3	1	2	10	10
Ambulatory	2	2	3	1	2	10	10
Dress Self	2	2	3		2	9	9
Feed Self	2	2	3	1	2	10	10
4. LEVEL OF SUPERVISION REQUIRED							
Maximum (constant)			2			2	2
Moderate	1	2	1	1	2	7	7
Minimal	1					1	1
5. TRAINING PROGRAM							
Educational				1		1	1
Sheltered Workshop *			1			1	1
Activity Center/Avocational/ Center		1	1		1	1	1
Day Care	2	1	1		1	7	6
Employed							

Region III - 1 person involved jointly in Day Treatment & Sheltered Workshop

Length of involvement in individual training programs varied with clients, nine of ten having been involved for 1 - 3 years. Information collected from training personnel indicated that two patients were regarded as short-term, two were undetermined and six were long-term candidates for the training program. Training programs received their support funding from state, agencies, mental health centers, and private sources, singly or in combination.

Individual client (N=10) involvement in all types of "training" programs was summarized as follows:

1. One person was involved in an educational program on a regular half-day or less basis without pay.

2. Another patient attended a sheltered workshop 3 - 4 hours daily with pay on-a-piece production rate basis.

3. Two patients were involved in activity center programs 3 - 4 hours daily -- one was paid and the other was not.

4. Six individuals were participating in a variety of day-care training programs (arts and crafts, cooking, shopping, etc.) and in all cases for 3 - 4 hours daily or less.

Note: none of the day care training programs paid clients or provided for paid work experiences.

Written comprehensive training programs for individual patients were in evidence for five (50%) of the patients and for five no written programs were available. The five written programs contained specific outcome goals and specific goal related objectives for each client. For the five clients without written programs, it was impossible for the study team to discern specific client goals, objectives, progress or direction.

PATIENT TRAINING SUPERVISOR DATA

The educational background of the clients' designated supervisors ranged from less than a high school diploma (N=1) to a Master's degree (N=1). Most of the training supervision was provided by licensed practical nurses (10%) or registered nurses (40%). Training supervisors reported received their own training for working with these patients via in-service and in-program workshops. However, forty percent of the training supervisors had no specific prior training nor had they received any in-service or workshop training specific to working with this previously institutionalized population.

Six of the training supervisors (60%) had held their current position for one year or less. Two had been on the job for 1 - 2 years, one for between 2 and 4 years and one for more than four years. (Table XI)

TRAINING in SHOPPING, LEISURE TIME and TRANSPORTATION SKILLS

Patient training in shopping, leisure time and safety skills were an integral part of several training programs. Patient participation in a given skill area was determined by patient willingness to participate, by training program appropriateness (determined by training staff) and by resource availability. (Table XII)

Shopping skills were being taught to two patients, recreation and leisure skills to two patients and three were being taught safety skills. In general, transportation utilization skills were not taught in any of the training programs. However, orientation and direction finding were a part of the program for four clients. One client was receiving training in the use of

TABLE XI SUMMARY OF TRAINING SUPERVISOR'S EDUCATION, TRAINING & EXPERIENCE

	Day Care					Activity Center					Sheltered Workshop					Education					Employed					TOTA	
	REGION I	REGION II	REGION III	REGION IV	REGION V	REGION I	REGION II	REGION III	REGION IV	REGION V	REGION I	REGION II	REGION III	REGION IV	REGION V	REGION I	REGION II	REGION III	REGION IV	REGION V	REGION I	REGION II	REGION III	REGION IV	REGION V	N	%
1. EDUCATION (Highest level attained)																											
A. Less than High School Diploma	1									1																2	2
B. High School Diploma LPN		1																								1	1
C. 1 - 3 yrs. college - not completed						1																				2	2
D. B.S. or B.A. degree R.N.	1		2										1					1								4	4
E. M.S. or M.A. Degree				1																						1	1
2. TRAINING SPECIFIC TO CURRENT PROGRAM																											
A. None	2			1														1								4	4
B. Workshops & Inservice		1	2				1			1			1													6	6
3. PRIOR WORK EXPERIENCE RELATED TO CLIENTS (Area/Service/Training)																											
A. Previous Job Experience	2	1	2		1		1			1			1					1								10	100
B. Relative Handicapped																										0	-
C. WSSH																										0	
4. NUMBER OF YEARS IN CURRENT JOB POSITION																											
A. 6 mo. or less	1				1													1								3	30
B. 6 mo. to 1 yr.		1	2																							3	30
C. 1 - 2 yrs.	1						1																			2	20
D. 2 - 4 yrs.										1			1													1	10
E. 4 - 6 yrs.																										1	10

TABLE XII TRAINING IN SHOPPING, LEISURE TIME AND TRANSPORTATION SKILLS

		REGION NO. I					REGION NO. II					REGION NO. III					REGION NO. IV					Region No. V				TOTALS	
		Day Care	Activity Center	Sheltered Workshop	Education	Employed	Day Care	Activity Center	Sheltered Workshop	Education	Employed	Day Care	Activity Center	Sheltered Workshop	Education	Employed	Day Care	Activity Center	Sheltered Workshop	Education	Employed	Day Care	Activity Center	Sheltered Workshop	Education	N	%
Appropriate Utilization of Stores and Shops	Has Skill	1										1										1				3	30
	Teaching	1										1														2	20
	Not Taught							1						1						1						3	30
	NA						1														1					2	20
Appropriate Utilization of recreation and Leisure time facilities	Has Skill	1										1														2	20
	Teaching						1					1														2	20
	Not Taught	1						1						1						1		1				5	50
	NA																				1					1	10
Appropriate Utilization of Transportation Facilities	Has Skill	1										1														2	20
	Teaching																									0	
	Not aught						1	1						1						1		1				6	60
	NA	1																			1					2	20
Orientation and Finding one's own direction	Has Skill	1					1																			3	30
	Teaching	1						1				2										1				4	40
	Not Taught													1						1						2	20
	NA																				1					1	10
Safety	Has Skill	1					1					2										1				5	50
	Teaching	1						1						1												3	30
	Not Taught																		1	1						1	10
	NA																				1					1	10

public services (fire, police and library programs). None of the clients were receiving training in budgeting or finance management skills.

In addition to specific training programs, most training sites offered a wide variety of personal and/or leisure related activities. Field trips, movies, celebrations, records, radio listening, arts and crafts, walking, gardening, parties, reading and many more comprised the total spectrum of regular and occasional events. (Table XIII)

The major means of transportation for most clients (7) was walking with six of the clients being transported by car or van on a regular or occasional basis. (Table XIV)

Training staff felt that eight of the ten clients had been completely and successfully integrated into their respective communities. Integration was considered partial for two patients. Problems related to re-integration efforts were found to center around the need for re-education of the public (N=8), problems related to medication (N=2), lack of suitable available housing (N=1), and poor client social skills (N=1). (Table XV)

Problems related to providing client training appeared to center around insufficient funding (N=2), public acceptance N=2), client abilities (N=1), lack of client progress (N=2) and staffing/communication problems internally (N=4). (Table XV).

When the ten training supervisors at each training site were asked if their programs could accommodate (ability and/or capacity) increased numbers of "high risk" patients like those being surveyed, six reported they could not and four reported they could accommodate additional clients.

TABLE XIII

ACTIVITIES	REGION NO. I		REGION NO. II		REGION NO. III		REGION NO. IV		REGION
	Available in Trng. Program	Utilized by Client	Available in Trng. Program	Utilized by Client	Available in Trng. Program	Utilized by Client	Available in Trng. Program	Utilized by Client	Available in Trng. Program
Field Trips	2	2	2	2	3	3			1
Movies	2	2	1	1	3	3			1
Television									
Sports Events	2	1	1	1	3	3			1
Dances	2	2	1	1	3	3			1
Records, Radio	2	2	2	2	3	3			1
Music	2	2	2	1	3	3			1
Camping/Hiking			2	2					1
Gardening	2	1	2	1					1
Bowling			2		3	3			1
Bicycling			1	1					1
Cooking	2	2	1	1	3	3			1
Sewing			2	1	3	1			1
Woodworking	2		1	1	3	1	1	1	1
Reading --	2	1	2	2	3	1			1
Model Building									1
Parties			2	2	3	3			1
Swimming			1	1					1
Arts & Crafts	2	1	1	1	3	3			1
P.E. Activities			1	1	3	3	1	1	1
Celebration of Holidays and Birthdays	2	2	2	2	3	3			2
Ice Skating									
Sledding			1	1					
Motorcycle Riding									
Fishing	2	1	1	1			1		
Boating									
Dating									
Eating, Restaurant	2	2	1	1	3	3			1
Other--Includes:									
Plane Ride, Circus, Puzzles, Walks, Drives, Vacations, Wrestling, Church, Games (Table), Cards, Shopping, Horseshoes, Beauty classes,			1				1		1

TABLE XIV SUMMARY OF TYPE OF TRANSPORTATION AVAILABLE & UTILIZED BY CLIENTS: TRAINING PROGRAM RELATED
(Excluding Nursing Homes)

	REGION NO. I				REGION NO. II				REGION NO. III				REGION NO. IV				REGION NO. V				TOTALS	
	Available in the Community	Utilized by Client	Supervised	Unsupervised	Available in the Community	Utilized by Client	Supervised	Unsupervised	Available in the Community	Utilized by Client	Supervised	Unsupervised	Available in the Community	Utilized by Client	Supervised	Unsupervised	Available in the Community	Utilized by Client	Supervised	Unsupervised	N	%
1. WALK	2	1		1	2	2		2	4	3		3	1	1		1	2				7	70
2. BICYCLE	2				2				4	1		1	1				2				1	10
3. BUS	2								4	1	1		1				2				1	10
4. TAXI	2				2				4				1				2				0	
5. CAR OR VAN	2	1		1	2	1		1	4	3	3						2	1		1	6	60
6. CALLING OTHERS FOR RIDES																						

TABLE XV - COMMUNITY INTEGRATION

	REGION NO. I					REGION NO. II					REGION NO. III					REGION NO. IV					REGION NO. V					TOTALS	
	Day Care	Activity Center	Sheltered Workshop	Education	Employed	Day Care	Activity Center	Sheltered Workshop	Education	Employed	Day Care	Activity Center	Sheltered Workshop	Education	Employed	Day Care	Activity Center	Sheltered Workshop	Education	Employed	Day Care	Activity Center	Sheltered Workshop	Education	Employed		
To what degree have these people been accepted & integrated into the community?																										
a. Completely	2					1	1				2		1									1				8	9
b. Partially																		1			1					2	3
c. Unaccepted																											
Describe problems in community/ client integration:																										
a. Re-educate public	2						1				2		1					1			1					8	8
b. Problem in high medication	2																									2	2
c. Housing--suitable						1																				1	1
d. Teach social skills																					1					1	1
Describe most serious problem with providing your service to this population:																										
a. Money--insufficient	2																									2	2
b. Slow progress--long-term process	2																									2	2
c. Staffing & communication						1					2											1				4	4
d. Acceptance by public													1								1					2	2
e. Understand client's ability																		1								1	1
Can program accommodate more high-risk vs. low-risk clients?																										
a. Yes						1	1				2															4	4
b. No	2												1					1			1					5	6

In summation, client day training programs provide alternatives for ten patients, or twenty-two percent of the target group. Presence of toilet training, ambulation, self-feeding and dressing skills characterize this group.

Day training programs vary greatly in programmatic structure and staffing and are determined within each region by community size, patient needs and available resources. Day training programs tend to be supervised by assigned persons identified for that purpose. Most clients require moderate supervision. The length of client participation in the programs tends to be long-term; 9 of 10 clients with 1 - 3 years, and with all clients participating on a half-day or less basis. Five of the clients had written comprehensive training programs containing goals and objectives. The other five had no written programs.

The training given training supervisors appeared most commonly to be on-the-job, in-service and in-house provided workshops. The majority of training supervisors (63%) had been in their positions for one year or less.

Most training programs were centered around shopping. leisure time and personal safety skills. Financial and budgeting skills were not a part of this programming. Most training programs integrated a wide variety of leisure time activities (walking, music, field trips, etc.) into their training programs.

Training supervisors perceived most clients to be successfully integrated into the community setting, but also identified public acceptance and medication problems of clients as integration related problems. Sixty percent of the training programs expressed concerns regarding their ability to serve more and/or higher risk clientele.

V. THE ADAPTIVE BEHAVIOR SCALE

PART V

THE ADAPTIVE BEHAVIOR SCALE

INTRODUCTION

The Adaptive Behavior Scale (ABS) was selected as the best of the available instruments to measure a deinstitutionalized patient's ability to adjust to his/her community placement. It is easily administered and scored and the data obtained from it will provide additional information to be incorporated in the entire study.

THE ABS DOMAINS

The domains included in part one of the ABS reflect the functional ability one needs to perform vocational tasks. They also measure a person's capability of doing work and caring for themselves in an independent living setting. Further, one's ability to handle money, tell time, communicate with others and function in a responsible manner is evaluated.

Information from the composite scores obtained in all of the domains gives an indication of whether a person is able to function independently and obtain and maintain a job necessary for self support.

The domains measured in part 2 provides data relative to a patient's interpersonal behaviors. They demonstrate whether an individual's behavior falls within norms acceptable in society. If a patient's personal behavior is abhorrent to those around him, the chances are not favorable to independent living or obtaining and maintaining employment that would lead to self sufficiency.

There are three difficulties in using this instrument even though it is the best available. The first problem lies with the normative group. The normative sample population was generated from institutionalized mentally retarded

persons and mentally ill persons. However, in reviewing recent literature relative to the use of this scale, the evaluators could not find other instances where it was used with the mentally ill. After observing the patients at WSSH during an on-site visit, they were found to be functioning on a very low level so a decision was made to use the ABS.

The second problem arose from the administrative of the scale. The scale is designed for easy administration by people who have little formal training in its use. Aides, parents, technicians and protective service workers who have knowledge about the patients' behavior can easily provide the necessary information. All one has to do is read the instructions provided in the test booklet, then go to the various domains and check responses or lack

of responses that most closely approximates the patients' functioning level. The verbal instructions given to those individuals who were to administer the scale were consistent throughout and if confusion arose, one merely had to refer to the instruction booklet. A problem arose, however, when some of the nursing home personnel were asked to complete the ABS. They refused on the grounds that it took too much of their time, it was revealing confidential information, or they didn't know how to use the scale and were unwilling to learn. It was necessary for the nursing home personnel to follow instructions provided with the tests. No additional learning was expected of them. This was particularily evident in a Billings Nursing Home. Consequently, only thirty-eight scales were returned for inclusion into the study.

The third problematic area is inherent in using a zero response generated by the scale. A zero response may place the sample group within the maladjusted range when in fact they do not exhibit abnormal behaviors. This is especially true in part two of the scale and it must be viewed with caution.

ADAPTIVE BEHAVIOR SCALE - PARTS ONE and TWO

Part One differs from Part Two in that a high score obtained in the first part indicates the patient has obtained the skills listed in that domain. A high score is a positive indication of a person's abilities and reflects favorably upon the individual. However, in Part Two, a high score would indicate the person has adapted less to societal expectancies. In fact, a score above the 80th percentile means the patient is exhibiting maladaptive behaviors which are unacceptable to society. A high score in this section is a negative indication of

a person's ability to adapt and is looked upon in a negative way.

RESULTS of the ABS

Part One -(Table XVI)

There are ten domains listed on the profile summary sheet. Each domain will be briefly discussed. If there is more importance placed upon an area of functional ability, it will be discussed in more detail.

Independent Functioning

The thirty-eight patients attained an average raw score of 53. This places them slightly above the tenth percentile. Included in this domain are body balance, ability to walk and run, control of hands and limb functioning.

Economic Activity

The patients scored slightly below the 40th percentile in this domain. This score is one of the three highest scores attained in part one. Included in this area is a person's ability to handle money and budget what money they do have. Those people placed in nursing homes have little opportunity to use skills in this domain so they would be unable to use their abilities in a constructive, independent way.

Language Development

A score of 17 was obtained placing the group at the 22nd percentile. This score indicates that the patient expresses himself/herself poorly in verbal and written form. It also indicates communication difficulties.

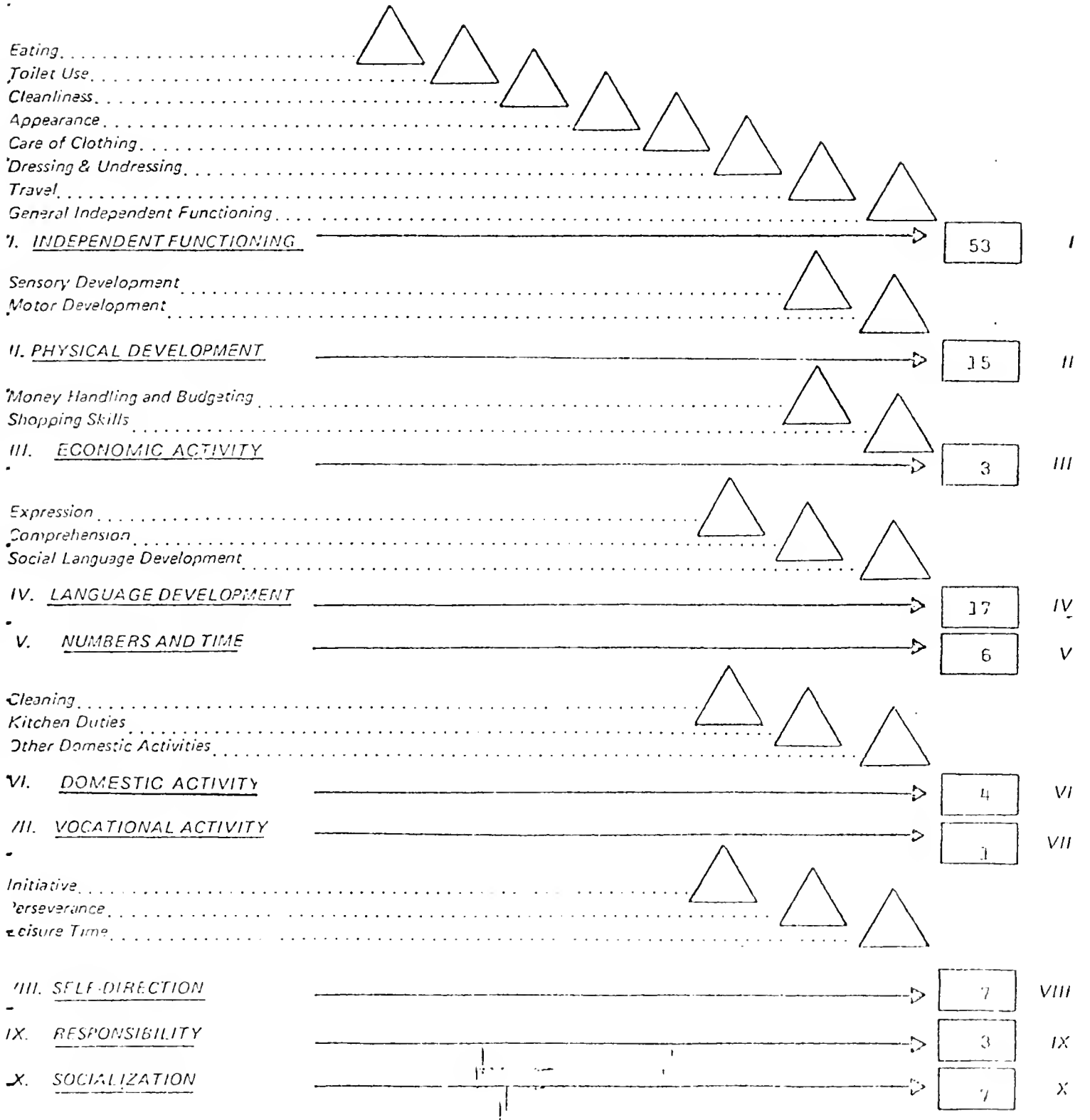
Numbers and Time

This area samples a person's ability to add and subtract, to use the clock and to know the days of the week; or whether it is morning, afternoon or evening.

TABLE XVI
(Page 1 of 2)

Identification Composite
Age 50-69
Sex both
Date of Administration 8-77

DATA SUMMARY SHEET - AAMD ADAPTIVE BEHAVIOR SCALE
PART ONE



(Page 2 of 2)

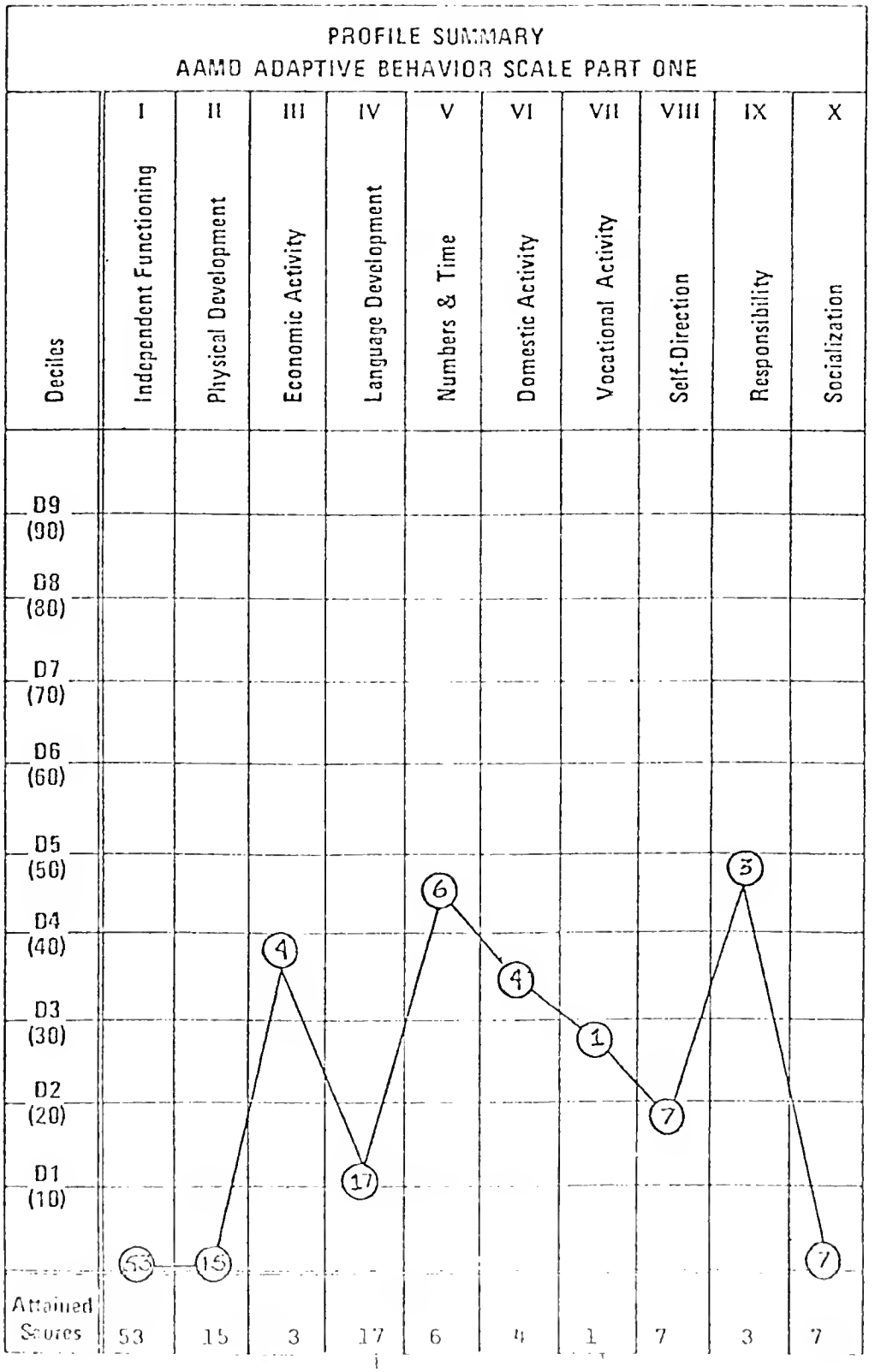
Identification Composite

Age 50-69

Sex both

Date of Administration 8-77

PROFILE SUMMARY
AAMD ADAPTIVE BEHAVIOR SCALE PART ONE



Attained Scores	53	15	3	17	6	4	1	7	3	7

The raw score derived in this domain placed them in the 45th percentile. The highest percentile rank reached by the sample was in this area.

Domestic Activity

This domain measures a person's ability to wash dishes, make beds and assist with routine homemaking activities. A raw score of four was derived placing the patients at the 35th percentile.

Vocational Activity

A raw score of one and a percentile rank of 29 was obtained in this domain. The chances of a person with that raw score of engaging in gainful employment are low. When this domain is included with the others in Part One, it reaffirms the above statement.

Self Direction

This item measure a patient's initiative, passivity, attention and persistence. The people in the sample accrued a raw score of seven. This placed them at the tenth percentile level.

Responsibility

The 39th percentile was attained by the sample in this domain. It measures a person's abilities to be responsible for his/her personal belongings, and his/her dependability or unreliability. A raw score of three was the average for the group in this particular area.

Socialization

Cooperation, consideration for others, awareness of others, interaction with others, selfishness and social maturity are the domains measured under this category. A raw score of seven was derived from the individuals in the sample. This places the group at the second percentile.

Part Two - Table XVII

This part of the ABS focuses upon personal characteristics which would cause a patient to be considered maladaptive. It contains fourteen domains and as in part one, specific problematic areas will be highlighted. While interpreting this data, the reader must be aware of the precautions discussed in the introduction to this section. A zero response indicates the patient does not exhibit the maladaptive behavior. However, when the zero response is placed on the percentile scale in some instances, it exceeds the 80th percentile and the behavior is, therefore, considered maladaptive. The evaluators attempted to contact the originators of the ABS to determine whether the data in Part Two could be presented in a different manner. We were unsuccessful in our attempts. So, not to compromise the information provided in this section, it will be presented according to the instructions provided in the test booklet.

Violent and Destructive Behavior

Items in this domain include: threatening or doing physical violence, damaging either personal or other's property, damaging public property or having a violent temper or temper tantrums. The people in the sample obtained an average score of two and this placed them at the 65th percentile rank. This score indicates the patients in the sample were not considered maladaptive.

Anti-social Behavior

Behavior focused upon in this domain are teasing, gossiping, bossiness, manipulation, showing disrespect toward other's property and using angry

TABLE XVII

(Page 1 of 2)

DATA SUMMARY SHEET

PART TWO

I. VIOLENT AND DESTRUCTIVE BEHAVIOR	2	I
II. ANTISOCIAL BEHAVIOR	2	II
III. REBELLIOUS BEHAVIOR	3	III
IV. UNTRUSTWORTHY BEHAVIOR	0	IV
V. WITHDRAWAL	5	V
VI. STEREOTYPED BEHAVIOR AND ODD MANNERISMS	3	VI
VII. INAPPROPRIATE INTERPERSONAL MANNERS	1	VII
VIII. UNACCEPTABLE VOCAL HABITS	1	VIII
IX. UNACCEPTABLE OR ECCENTRIC HABITS	3	IX
X. SELF-ABUSIVE BEHAVIOR	0	X
XI. HYPERACTIVE TENDENCIES	1	XI
XII. SEXUALLY ABERRANT BEHAVIOR	0	XII
XIII. PSYCHOLOGICAL DISTURBANCES	4	XIII
XIV. USE OF MEDICATIONS	1	XIV

(Page 2 of 2)

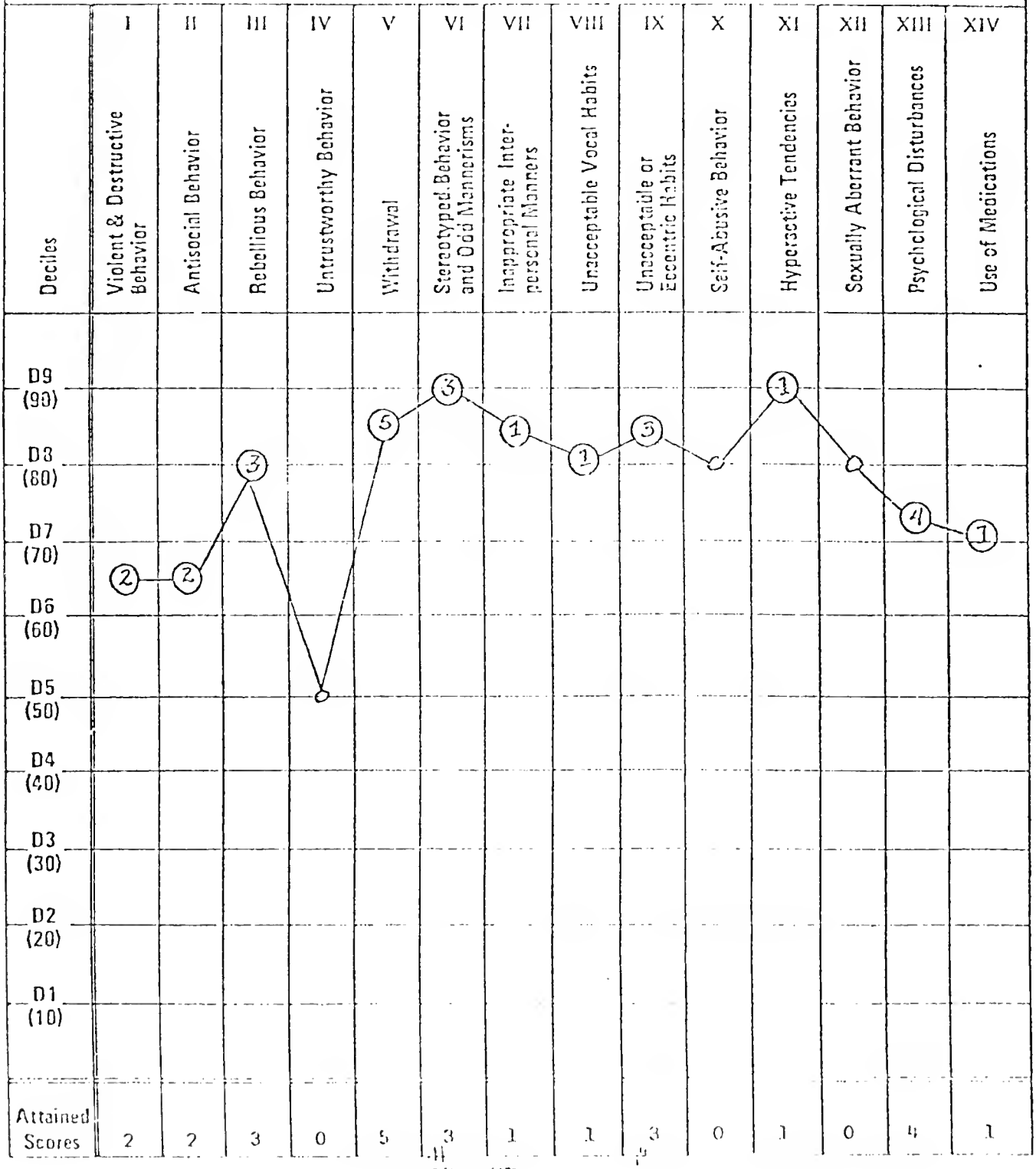
Identification Composite

Age 50-69

Sex both

Date of Administration 8-77

PROFILE SUMMARY
AAMD ADAPTIVE BEHAVIOR SCALE PART TWO



language. The patients accrued a raw score of two and that score placed them in the 65th percentile.

Rebellious Behavior

A raw score of three placed the sample at the 80th percentile. Behaviors included in this area include: ignoring regulations and routine, resistance to following instructions, a rebellious attitude toward authority, absence from or late for proper assignments or places, and running away.

Untrustworthy Behavior

Included in this category are behaviors such as taking property without permission, lying and cheating. The raw score for the individuals in the sample was zero and this placed them at the 50th percentile.

Withdrawal

The sample fell at the 85th percentile with an average raw score of 5. This was one of the highest scores obtained in Part Two of the ABS. Behaviors recorded in this domain were inactivity, withdrawal and shyness.

Sterotyped Behavior and Odd Mannerisms

This domain focuses upon a peculiar posture or odd mannerisms. The patients' average raw score was three. This placed them at the 90th percentile.

Inappropriate Interpersonal Manners

Behaviors such as: talking too close to others' faces, blowing in others' faces, burping at others, kissing or licking others, hanging onto others, are included in this domain. The sample population derived an average raw score of one and was placed at the 85th percentile.

Unacceptable Vocal Habits

This domain includes behaviors such as giggling hysterically, talking too loudly or yelling, talking to self, growling, mimicking others and repeating phrases and words over and over again. The group obtained an average raw score of one and were placed at the 82nd percentile.

Unacceptable Eccentric Habits

The patients in the sample fell at the 85th percentile after having obtained an average raw score of three. The eccentric habits include removing or tearing of one clothing, drooling, grinding teeth, smelling everything, playing with feces and urine, and hoarding.

Self-Abusive Behavior

The behavior included in this category falls under a broad area of a person doing physical violence to himself/herself. However, the sub-domains incorporate actions such as biting or cutting oneself, slapping or striking oneself, banging one's head or parts of one's body against objects, pulling one's hair, scratching or picking oneself causing injury, poking objects in one's own eyes, ears, nose or mouth, and soiling oneself. The sample group falls at the 80th percentile and their raw score is zero.

Hyperactive Tendencies

The average raw score from the patients examined was one. This placed the entire group at the 90th percentile giving it the highese percentile rank in Part Two of the scale. Hyperactive tendencies include talking excessively, the inability to sit still for any length of time, constant running and jumping around a room or a hall, and constant moving and fidgeting.

Sexually Aberrant Behavior

The sample fell on the 80th percentile level. They generated an average raw score of zero. Approximately five individuals scored higher than zero. This aberrant behavior includes inappropriate masturbation, exposing one's body inappropriately, having homosexual tendencies, and exhibiting sexual behavior that is socially unacceptable.

Psychological Disturbances

Oddly enough this sample group scores at the 75th percentile placing them below what is considered maladaptive. The raw score for the patients was four and behaviors included in this category are an over-estimation of abilities, an inappropriate reaction to criticism, feelings of persecution, hypochondrial tendencies and emotional instability.

SUMMARY and CONCLUSIONS of the ABS

The major conclusions drawn from the data provided by the use of the ABS are:

1. The patients involved in this study cannot live in a totally independent living situation.

2. Their behavioral manifestations fall within the maladjusted range in most areas.

Part One of the profile measures skills possessed by the patient. Independent living, physical development, self-direction and socialization are skills of which the patients have few. They fall below the 15th percentile in all of those areas. Those in the sample population fall below the 40th percentile in economic activity, language development, domestic activity, vocational activity and responsibility. In only one skill area does this group of people exceed the 40th percentile and this is the ability to work with numbers and time. They reach the 45th percentile in their capability of using those skills. The data indicated that the patients do need constant supervision because of their inability to care for themselves in their everyday activities.

Part Two of the ABS provides data relative to the psychosocial aspects of an individual's behavior. As was previously expressed in the introduction to the section on the ABS, caution must be used in drawing conclusions from this information.

The data does show the patients to be withdrawn, rebellious, stereotyped in their behavior, using inappropriate mannerisms, hyperactive, exccentric and self-abusive. They do not exhibit excessive violent and destructive behavior, anti-social behavior and untrustworthy behavior. Nor do they fall within the maladaptive range in psychological disturbances. That statement seems contradictory to the basic premise of this study but the data indicates otherwise.

VI. SUMMARY AND CONCLUSIONS

PART VI

SUMMARY and CONCLUSIONS

The followup survey of deinstitutionalized and mentally ill or emotionally disturbed patients/clients included an initial target population sample numbering sixty. Community placed patients were randomly selected from the WSSH files by region to assure a state-wide sample. The sixty were reduced to fifty-eight after one was found to be deceased and another to have moved from the state. An additional thirteen members of the target group were lost for varying reasons, as discussed in another section of the report. Thus, forty-five persons comprised the total survey sample. However, four clients had no Mental Health Center files and were excluded from that phase of the study.

The information and data collected during the followup study was obtained in the following fashion:

Initial Visits

Initial visits were made to WSSH to thoroughly examine individual patient files pulled at random by WSSH staff according to the instructions provided by the evaluators. This provided familiarity regarding the nature and content of the files. WSSH staff were extremely cooperative in providing whatever assistance we requested.

Computer Printout of Patients

Next, a computer printout of all patients having exited WSSH since 1970 was obtained. Having determined that the target sample was to include only patients having exited after a minimum of three years of hospitalization, we randomly selected our target pool. The WSSH files for the target group were

thoroughly examined and the necessary data extracted.

Followup

Followup of each patient was commenced by locating the Mental Health Region and Center to which the exited patient was assigned. Several shifts were identified and various patients were found to be deceased, to have moved or to have become "lost" in terms of record keeping. Individual Mental Health Centers were visited and each client file examined and data extracted. These reviews included treatment, medication, contracts, case management, etc.

Clients Located and Visited

Next, each client was located in terms of current residence and each site was visited by the survey team. The survey team conducted a site survey, client interviews (where possible), supervisor interviews, file and record reviews, observed training programs and contacted other available site personnel. Data collection using the Adaptive Behavior Scale was also arranged. Finally, where appropriate, training programs outside the residential setting were also visited and training data was collected.

Data Collection

The survey team attempted to collect a comprehensive set of data reflectively, quantitatively and qualitatively on all aspects of patient activity and involvement following exit from WSSH. The data collection forms for each area are presented in the Appendix. The narrative findings for each section/area have been presented earlier within the respective sections of the report.

CONCLUSIONS

The following conclusions regarding the survey data and information collected are those of the survey team and reflect the team's understanding and interpretation of the objectives established for the survey, and should not be interpreted as reflecting any one else's conclusions.

The age of the target group ranged from a low of 22 years to a high of 95 years, with a group mean age of 65.6 years. Twenty-nine of the group were male and twenty-nine were female. Thirty-one percent of the group had received standard commitment and thirty-eight percent were voluntarily committed. Thirty-one percent of the patients had been committed during the 1960's. For seventy-one percent of the group this commitment was their initial or only commitment. Twenty-seven different diagnostic categories were assigned to patients as their primary diagnosis at time of commitment. Hallucinations, delusions, disorientation and violence chaaracterized patient behaviors at time of commitment.

Upon release, the majority of patients were returned to the region of their original homesite. Most patients (75%) were found to have been placed in nursing homes in or adjacent to their home towns. At the time of release from WSSH, the length of time a patient had been hospitalized ranged from three to fifty-three years. The mean length of stay for all clients in the sample was 19.93 years. Twenty patients (49%) had spent 30 or more years at WSSH.

Mental Health Center files were reviewed to obtain individual client data following release and placement in their respective mental health regions. File reviews were conducted on forty-one patients. This data appeared

consistent with patient data derived from the WSSH files. Mental Health Center files varied considerably in terms of nature and content. In general, the files contained information regarding the patients' privacy, diagnosis, current residence, case manager, treatment logs, identified problem areas, additional diagnostic information, medical data, and contact schedules. The extent of this information varied from minimal to extensive. Only limited data was available regarding communications and followup between WSSH and the Mental Health Centers.

The study of in-residence patient status indicated that of the forty-five patients, over eighty percent were toilet trained and ambulatory and a majority were able to dress and feed themselves. Supervisory arrangements identified seventy-three percent of the patients as requiring either constant or moderate supervision. There was very little evidence, if any, of in-residence training or training provisions for this population; however, some patients were involved in training programs located outside the actual residence itself. The availability of community based training programs was in general related to community size. Fifty-eight percent of the clients were located in communities with a population of 10,000 or greater.

Most residential programs (84%) were directly involved with some type of advisory board. In most settings, there were restrictions and limitations placed upon client possessions, client opportunity to earn money and client management of own funds. Fifty percent of the patients had ready access to telephones for incoming and outgoing calls. Most settings provided a wide range of leisure or recreational activities and viewed the major portion of their

responsibility to be that of making patients comfortable, providing physical care and assistance and facilitating pleasure or leisure time opportunities. Patient participation in various programs was largely voluntary. Service specialities (therapy, speech, medical and dental services) were generally available and utilized on an as-needed basis.

Residential supervision was adequage. However, most supervisors lacked training specific to the handicapped population and had held their jobs for one year or less. Most supervisory personnel were drawn from the staff of licensed practical or registered nurses at the facilities reviewed.

Ten patients (22%) were found to be involved in day training programs outside their respective residental settings. Most of these people were participating in day care activities. Others were involved in educational, sheltered workshop and avocational center programs. Training was viewed as long-term (1 - 3 years) and centered around shopping, leisure, safety, community service, self care and recreation type activities. Training supervision was usually on a group basis and was provided by licensed practical nurses or registered nurses. Training of supervisors was, in general, not specific to this type of population. In-service programs and workshops were the major means of preparing training supervisors.

In general, the training personnel felt that the majority of clients (80%) had been completely and successfully integrated into their community. Integration related problems were identified as the need for public awareness and education, client/patient medication problems and client skills. Training problems tended to be centered around funding, client participation, client progress and staffing/communication problems. Training program personnel

were extremely cautious regarding their ability to serve more patients and particulary hesitant about their capacity to serve more "high" risk patients.

All patients able to participate in a personal interview were interviewed. Sixteen patients (36%) were so identified. Most of the patients were found to possess accurate personal information regarding their name, age, marital status and address. Patients were aware but not specifically knowledgeable regarding past and present treatment or medications. Patients had little understanding of Mental Health Centers or residence services, and none knew their own specific diagnosis; however, they were aware of all these areas and their own involvement.

Sixty-three percent indicated satisfaction with their current placement, while six patients indicated a preference to be elsewhere. The majority (75%) reported no serious personal problems or concerns and felt that they were being adequately cared for and treated appropriately.

The Adaptive Behavior Scale was selected as the best available tool to attempt to measure the patient's ability to adjust to their community placement following deinstitutionalization. The study team encountered three major proglems in using this instrument:

1. The norm group was primarily institutionalized retarded.

2. Refusal of the nursing home staff (nurses in particular) to cooperate in completing the ABS. (The scale is significantly more useful if filled out by individuals personally knowledgeable about their patient.)

3. The scoring procedure which places zero responses into the maladjusted range tends to distort the data and data analysis.

The major conclusions drawn from the data provided by the ABS were:

1. The patients involved in the study could not live in a totally independent living situation.

2. Their behavioral manifestations collectively fall well within the maladjusted range in most cases according to the test results. However, most of the people tested did not exhibit maladjusted behaviors and the negative results come from the test design.

RECOMMENDATIONS

The following recommendations are presented within a general summary statement format and are intended to familiarize the reader with the major issues or concerns identified by the survey team members during their work across the several regions.

Each of the following recommendations was based upon a composite of information data drawn from:

1. The material presented within each of the major sections of the report (Review of Mental Health Center files, Patient Residential Data, Client Day Training Programs, Client Interviews, Case Manager Interviews, Adaptive Behavior Scale, etc.).

2. The descriptive narrative, for each major part of the report and the summary sub-sections of each part.

3. Survey team logs, report and report notations recorded during on-site visits, interviews and other data collection activities.

It is recommended that:

1. In the future, all transfers from WSSH to regional placements occur only after the selected placement sites have been adequately oriented and prepared for the reception of transferred patients. This would alleviate most of the problems cited by residential personnel which included lack of familiarity with that "type" of patient, several patients arriving at the residential site without our prior knowledge and assigning non-ambulatory patients to facilities without the resources to provide for patient movement and transportation.

2. In all cases, active case managers should be maintained for each client and that the assigned manager maintain an active and planned followup procedure for each client. Also that the duties of the case manager be more clearly delineated and articulated to all the parties involved. Patient placement without assignment to a case manager; case managers without knowledge and understanding of assignment; frequent staff turnovers, case management as a secondary role; and contracted disputes between providers and mental health were all seen as contributing factors to the case manager issue.

3. Serious consideration be given to the possibility that for many patients deinstitutionalization has been no more than a process of movement from one setting to another, and that in actuality there is little evidence of any concerted effort to provide training or assistance to the patient to facilitate normalization on re-entry into the community on a functional basis.

   The nursing home operators who provided for the majority of patients included in the survey, defend their own role as providing shelter, food, clothing and patient care. The majority did not view training, community integration and patient skill development as a part of their responsibility. Most were not equipped, staffed or programmetically oriented to delivery other than basic personal health care services.

4. Serious consideration be given to the development of a planned procedure for the active followup of all patients as they are transferred from WSSH to another placement site. It is further suggested that this followup procedure remain "active" for at least one full year following transfer.

   The placement information derived from the study reflected several instances of patient exit from WSSH without corresponding patient receipt action on the part of the designated Mental Health Center. Patients were transferred out of state and to other sites without adequate information regarding the patients' new location, reason for transfer, etc.

5. A procedure be established to upgrade the record keeping and file systems responsible for tracking each patient in and out of WSSH. Many patient files are outdated, incomplete or even missing. A better tracking system for patients themselves appears needed as several patients appeared to have disappeared after transfer from WSSH.

   The patient files vary markedly from location to location and there appears to be little inter-agency consistency in record keeping procedures and file content. In the residential settings there is highly variable evidence of data collection on patient progress, patient evaluation, and patient training.

6. Minimal standards be established for the training and supervision of "key" personnel who are assigned the primary responsibility for the treatment and training of deinstitutionalized patients.

   Currently assigned supervisors tend to be new to the job (less than a year); lack professional preparation or training specific to the needs of the studied population; and have little access to additional training other than on-the-job.

7. Specific criteria be established for those sites under consideration for the placement of deinstitutionalized patients, and that said sites be evaluated in terms of their capacity to provide care, treatment and training commensurate with the identified goals and objectives for each patient.

   Currently, patient placement is determined largely by regional placement and site availability with a particular region. There was no evidence of planned attempts to match patient needs with specific site, treatment programs, or training program availability.

8. Each residence and training site have on-hand a written plan(s) reflecting the care, treatment and training goals and objectives for each of its deinstitutionalized patients.

   Written plans, particular active treatment plans reflecting specific goals and objectives, for individual patients were common only to the Mental Health Centers. Residential placements rarely worked from a written plan. The commonly noted residential records were the daily medical/nursing logs kept on individual patients.

9. Efforts and procedures be established to monitor and assess patient progress in their various placement sites in terms of progress toward increased normalization.

   The Mental Health Centers and residential programs, in general, did little to monitor and assess patient progress in terms of any specific progress toward increased normalization. The pervasive view was that the patients current placement was terminal.

10. A closer liason be established and maintained between the Mental Health Centers, satellite programs and patient placement sites.

Mental Health Centers tend to be most extensively involved in the programs they operate and cooperatively administer. However, communications between several of the Centers and their own satellite programs reflected a need for improvement. More liason, direct support and visitation are among the needs identified. Liason between Mental Health Centers and private residential placement sites varied greatly with most being described as marginal.

APPENDIX A

WSSH CLIENT FILE DATA FORM

APPENDIX A
WSSH CLIENT FILE DATA FORM

CASE NUMBER: _ _ _ _ _ _

NAME: _

AGE: _ _

SEX: _

MARITAL STATUS: _

FAMILY MEMBERS: _

TYPE-COMMITMENT: _

REASON-HOSPITAL: _ _

OCCUPATION: _ _ _ _ _ _ _ _ _ _

DATE-HOSPITAL: _ _ _ _ _ _

PREVIOUS-HOSPITAL:

IN: _ _ _ _ _ _

OUT: _ _ _ _ _ _

IN: _ _ _ _ _ _

OUT: _ _ _ _ _ _

(DO NOT USE) 1

IN: _ _ _ _ _ _

OUT: _ _ _ _ _ _

IN: _ _ _ _ _ _

OUT: _ _ _ _ _ _

PRIMARY DIAG.: _ _ _ _ _

SECONDARY DIAG.: _ _ _ _ _

MEDICATION-ADM.: _ _ _ _ _

TREATMENT-WSSH: _ _ _ _ _

DATE-RELEASE: _ _ _ _ _ _

REGION-RELEASE: _

DIAG.-RELEASE: _ _ _ _ _

MEDICATION-RELE.: _ _ _ _ _

TREATMENT PLAN: _ _ _ _ _

LOCATION-RELEASE: _

(DO NOT USE) _ _ _ _ _ _ 2

APPENDIX B

RAW DEMOGRAPHIC CLIENT PROFILE DATA FROM WSSH FILES

APPENDIX B

RAW DEMOGRAPHIC CLIENT PROFILE DATA FROM WSSH FILES

DATA CATEGORIES	N	%
ORIGINAL RANDOM SAMPLE:	60	
Clients lost from sample	2	
Total Sample	58	100.00
AGE DISTRIBUTION:		
Oldest 96 Years		
Youngest 22 Years		
Mean X-65.59 Years		
SEX DATA:		
Males	29	50.00
Females	29	50.00
	58	100.00
MARITAL STATUS:		
Single	30	51.72
Divorced	10	17.24
Married	11	18.96
Unknown	4	6.89
Widowed	3	5.17
	58	100.00
OCCUPATION (MAJOR):		
Laborer (Ranch, Farm, Construction)	13	22.42
Housewife	6	10.36
Domestic	2	3.45
Painter	2	3.45
Teacher	2	3.45
Miner	2	3.45
Secretary	1	1.72
Rancher	1	1.72
Sales Clerk	1	1.72
Student	1	1.72
Sheepherder	1	1.72
Hotel Clerk	1	1.72
Waitress	1	1.72
Bartender	1	1.72
Telegrapher	1	1.72
Farmer	1	1.72
Railroader	1	1.72
None	12	20.71
Unknown	8	13.79
	58	100.00
FAMILY MEMBERS (NUCLEAR):		
0	2	3.44
1	24	41.37
2	12	20.68
3	5	8.62
4	1	1.72
5	3	5.17
6	1	1.72
8	1	1.72
Unknown	9	15.52
	58	

		N	%
7.	**TYPE OF COMMITMENT:**		
	Court Ordered	3	5.17
	Voluntary	22	37.93
	Standard	31	53.44
	Emergency	2	3.44
		58	100.00
8.	**HOSPITALIZATION/ADMISSION PERIOD:**		
	1920's	8	13.79
	1930's	9	15.51
	1940's	8	13.79
	1950's	4	6.89
	1960's	18	31.03
	1970's	11	18.96
	Most Recent-6/13/74	58	100.00
	Oldest------4/28/20		
	Mean--------1952		
9.	**NUMBER OF PREVIOUS ADMISSIONS:**		
	0	41	70.68
	1	5	8.62
	2	8	13.79
	3	3	5.17
	4	1	1.72
		58	100.00
10.	**PRIMARY DIAGNOSIS:**		
	300.0	5	8.62
	300.1	1	1.72
	300.2	4	6.89
	300.3	5	8.62
	300.6	1	1.72
	300.7	13	22.41
	301.1	3	5.17
	303.0	-	---
	304.0	1	1.72
	306.0	1	1.72
	308.1	1	1.72
	309.2	-	---
	320.0	-	---
	320.1	-	---
	321.1	1	1.72
	322.1	2	3.44
	324.2	1	1.72
	325.1	1	1.72
	325.2	1	1.72
	325.3	3	5.17
	328.4	3	5.17
	328.5	2	3.44
	328.7	1	1.72
	328.9	2	3.44
	353.9	2	3.44
	794.9	1	1.72
	025.6	---	---
	Unknown	3	5.17
		58	100.00

RAW DEMOGRAPHIC CLIENT PROFILE DATA FROM WSSP FILES

DATA CATEGORIES	N	%
11. SECONDARY DIAGNOSIS:		
300.0	3	5.17
300.1	1	1.72
300.2	2	3.44
300.3	7	12.06
300.6	1	1.72
300.7	13	22.41
301.1	3	5.17
303.0	1	1.72
304.0	-	---
306.0	2	3.44
308.1	1	1.72
309.2	1	1.72
320.0	1	1.72
320.1	1	1.72
321.1	1	1.72
322.1	1	1.72
324.2	-	---
325.1	1	1.72
325.2	1	1.72
325.3	5	8.62
328.4	4	6.89
328.5	2	3.44
328.7	1	1.72
328.9	2	3.44
353.9	2	3.44
794.9	1	1.72
025.6	2	3.44
	58	100.00

12. DATE OF CLIENT RELEASE		
1-72	1	1.72
8-72	1	1.72
3-74	1	1.72
6-74	1	1.72
12-74	1	1.72
2-75	1	1.72
3-75	1	1.72
7-75	4	6.89
9-75	1	1.72
10-75	1	1.72
1-76	2	3.44
3-76	1	1.72
7-76	22	37.93
8-76	2	3.44
9-76	2	3.44
10-76	7	12.07
11-76	2	3.44
12-76	2	3.44
1-77	2	3.44
2-77	2	3.44
Unknown	1	1.72
	58	100.00

DATA CATEGORIES	N	%
13. RELEASE-REGION:		
Region No. 1	9	15.51
Region No. 2	9	15.51
Region No. 3	15	25.86
Region No. 4	15	25.86
Region No. 5	10	17.24
	58	100.00
14. RELEASE-LOCATION/CITY		
Billings	9	15.52
Helena	4	6.90
Glasgow	2	3.44
Butte	12	20.69
Missoula	2	3.44
Sheridan,Wyo. (VA) (1)	NA	NA
Miles City	1	1.72
Dillon	1	1.72
Harlem	2	3.44
Conrad	1	1.72
White Sulphur Springs	1	1.72
Havre	1	1.72
Hot Springs	2	3.44
Clancy	1	1.72
Galen	2	3.44
Superior	1	1.72
Great Falls	2	3.44
Whitefish	3	5.17
Big Timber	1	1.72
Stevensville	1	1.72
Lewistown	3	5.17
Livingston	3	5.17
Blackfoot Nursing Home	1	1.72
Unknown	2	3.44
	58	100.00

15. PRIMARY MEDICATIONS	N At Admiss.	N At Release
1. Artane	2	10
2. Senetel	1	2
3. Salfutensin	0	1
4. Nygdic	0	4
5. Vitamin C	1	8
6. Sulfax	0	1
7. Stelazine	3	10
8. Thorazine	5	8
9. Bercocco	0	2
10. Millaril	1	9
11. Serentil	1	6
12. Ascorbiv Acid	0	0
13. Dilantin	3	6
14. Bactrim	0	1
15. Bentyl ,	0	1
16. Tofranil	0	2
17. Fistal	0	1

RAW DEMOGRAPHIC CLIENT PROFILE DATA FROM WSSH FILES

DATA CATEGORIES	N	%
15. PRIMARY MEDICATIONS, Cont'd.		
	N At. Admiss	N At Release
18. Albee	0	1
19. Haloperidol	0	1
20. Vasodilan	0	2
21. Trilafon	0	1
22. Hydergine	1	7
23. Reserpine	0	1
24. Luminol	0	1
25. Vistaril	1	1
26. Lineguan	0	1
27. Beracll	0	1
28. Prolixin Decanoate	0	4
29. NPH Insulin	0	0
30. Pyridene	0	1
31. INH	0	0
32. Tederal	0	1
33. Surfok	0	3
34. Metamucil	0	1
35. Hydergin	0	0
36. Haldol	0	2
37. Aminophyllin	1	1
38. Sparine	0	2
39. Protamine Zinc Insulin	0	1
40. Incremin	0	1
41. Valium	0	0
42. Spansules	0	0
43. Lomaxin	0	1
44. Arlidin	0	2
45. Narose	0	1
46. Pavolrid	0	3
47. Moldane	0	1
48. Fertal	0	1
49. Cogentin	0	2
50. Peritrate	0	1
51. Unknown	38	2
52. Unknown	1	0
53. Several Unknown	1	0
54. Insulin	0	1
55. Phenobarbital	2	5
56. None	5	1
57. Mineral Oil	0	0
58. Mysodine	1	0
59. Doridine	1	0
60. Paladac	0	2
61. Ducolax	1	0
62. Hygrotan	0	2
		1

DATA CATEGORIES	N	%
15. PRIMARY MEDICATIONS, Cont'd.		
	N At Admiss.	N At Release
63. Multivitamins	0	2
64. Equanil	0	0
65. Thromine	0	1
66. Marax	0	0
67. Semophylline	0	0
68. Doridan	0	1
69. Kemadrin	0	0
70. General Protein	0	1
71. Theragam M	0	1
72. Ritalin	0	1
73. Seconal	1	0
74. Staril	1	0
N=	33	56

16. TREATMENT DURING HOSPITAL:	N
Chemotherapy	33
Socialization Arrangement	1
Work Therapy	1
Occupational Therapy	4
Custodial Care	9
Milieu Therapy	27
Group Therapy	5
Daily Living Activities	4
Recreational Therapy	4
Medical Treatment	2
Supportive Counseling	9
None	7
Electroshock Therapy	10
Individual Psychotherapy	1

17. TREATMENT PLAN FOR RELEASE	N
Chemotherapy	14
Structured Living	3
Socialization Arr.	4
Nursing Home	13
Rest/Convalescent Home	20
Occupational Therapy	2
Custodial Care	2
Milieu Therapy	6
Sheltered Workshop	2
Recreational Therapy	2
Group Home	4
Day Care Treatment	1
Attend School	1
Supportive Counseling	4
None	1
Mental Health Center	1
Family Care	1
Transfer to Galen	2

RAW DEMOGRAPHIC CLIENT PROFILE DATA FROM WSSH FILES

DATA CATEGORIES	N	%
18. HOSPITALIZATION - REASON		
Hallucinations	7	12.06
Delusions	6	10.34
Depression	3	5.17
Disorientation	6	10.34
Violence	5	8.62
Feeblemindedness	2	3.44
Paranoia	1	1.72
Alcoholism	4	6.89
Beligerency	1	1.72
Drug Addiction	2	3.44
Declared Incompetence	2	3.44
Senility	2	3.44
Unable to Care for self	6	10.34
Suicidal	3	5.17
Runaway	1	1.72
Bizarre Behavior	2	3.44
None Listed	1	1.72
Epileptic Seizures	2	3.44
Transfer from BRS & H	1	1.72
Family Burden	1	1.72
	58	100.00

DATA CATEGORIES	N	%
19. HOSPITALIZATION - LENGTH OF STAY		
0 - 2 years	1	1.72
3 - 5 years	11	18.97
6 -10 years	10	17.24
11 -15 years	10	17.24
16 -20 years	3	5.17
21 -25 years	0	---
26 -30 years	3	5.17
31 -35 years	4	6.90
36 -40 years	2	3.44
41 -45 years	5	8.62
46 -50 years	5	8.62
51 -55 years	2	3.44
Unknown	2	3.44
	58	100.00

Range 2 - 53 years
Mean = 19.93 years
Median = 13 years
Mode = 7 years

APPENDIX C

INDIVIDUAL CLIENT DATA: MENTAL HEALTH CENTER FILES

APPENDIX C

INDIVIDUAL CLIENT DATA: MENTAL HEALTH CENTER FILES

I. MENTAL HEALTH CENTER: _____

Follow-up Client Number of_____ of _____

II. PERSONAL CLIENT DATA:

1. W.S.S.H. Case No._____ MHC Case No._____
2. Client's Name: _____
3. Age:_____ Date of Birth:_____
4. Educational Level:_____
Highest Grade Completed / Degree
5. Client's Present Address:_____
Street

_____
Town State
6. Client's Permanent Address: _____
Street

_____
Town State
7. Describe Current Residence: Private Home ☐ Group Home ☐
Nursing Home ☐ Other_____
Hospital ☐ Other_____
8. Client's Marital Status Single ☐ Divorced ☐
Married ☐ Widowed ☐
9. Name and Address: Responsible party (ies) Parents, Spouse, Legal Guardian
(Circle one)
10. Occupation: (Present/current):_____

Actively Engaged (More than 50%) ☐ Not involved ☐ Partial (Less than50%) ☐

11. Training Background:_____

_____

_____

_____

III. RELEASE DATA FROM W.S.S.H.: _____
(Month) (Day) (Year)

Released to:_____

Following release has patient and initial placement, has client received additional placements? Yes_____ No_____

If yes, how many?_____

IV. MENTAL HEALTH CENTER DATA:

a) Primary Diagnosis: _____

_____

_____

b) Secondary Diagnosis: _____

_____

_____

c) Prognosis: _____

_____

_____

V. MEDICATION: (Name of Drugs / Dosage / Frequency)

a) At the Time of Release From W.S.S.H: _____

_____

_____

_____

b) Presently (Last Recorded Entry) _____

_____

_____

c) Does this reflect a change in level? (+) (-) (o) _____

VI. MENTAL HEALTH CENTER:

a) Client's Case Manager: _____
(Name)

b) Manager's Professional Title: _____

c) Manager's Responsibilities to Client: _____

_____

_____

_____

_____

VII. CURRENT TREATMENT PLAN FOR CLIENT:

1. Long Range Goals: _____

_____

_____

1a. Intermediate Objectives: _____

_____

1b. _____

_____

1c _____

2. Long Range Goals: _____

2a. Intermediate Objectives: _____

2b. _____

2c. _____

3. Provisions for Monitoring and Evaluation: Yes____ No____

VIII. MENTAL HEALTH CENTER CLIENT CONTACT SUMMARY (Exit to Present)

1. Number of Contacts: _____ (Total number)

2. Contact Schedule: Daily, weekly, monthly (Circle one)

Other: _____

3. Purpose of Contacts: _____

IX. CASE MANAGER INTERVIEW REGARDING CLIENTS:

1. Program Follow-up Suitability: _____

2. Success of Placement: _____

3.. Problems: _____

4. Follow-Up Contracts / Communications 2/W.S.S.H. Personnel:

X. COMMENTS:

Date of Data Collection:_____ Interviewer:_____

APPENDIX D

SITE SURVEY: RESIDENCE

APPENDIX D

SITE SURVEY

RESIDENCE

INTERVIEWER _____

INTERVIEWER _____

LOCATION _____

PHONE _____

DATE _____

CLIENT'S NAME _____

BIRTHDATE _____ AGE _____

FUNCTION LEVEL (Check appropriate description)

_____ TOILET TRAINED

_____ AMBULATORY

_____ DRESS SELF

_____ FEED SELF

_____ MAXIMUM SUPERVISION NEEDED _____

_____ MINIMUM SUPERVISION NEEDED _____

_____ MODERATE SUPERVISION _____

COMMENTS: _____

RESIDENTIAL SETTING

CHECK FACILITY WHERE RESIDENT IS CURRENTLY LIVING

P R E S E N T

GROUP HOME _____

1. Number of Residents in Home_____ Age Span_____
2. Number of House Parents_____
3. Length of Residence_____
4. How Supported_____

FOSTER HOME _____

1. Number of Foster Parents_____
2. Number of Parents_____
3. Number of Siblings_____ Ages_____
4. Length of Residence_____
5. How Supported_____

FAMILY _____

1. Number of Relatives_____
2. Number of Parents_____
3. Number of Siblings_____ Ages_____
4. Length of Residence_____
5. How Supported_____

SEMI-INDEPENDENT _____

1. Roomate_____ Spouse_____ Alone_____
2. How Financially Supported_____
3. Type of Supervision_____

   Frequency of Visits_____
4. Length of Residence_____

NURSING HOME _____

1. Number of Total Residents_____

2. Number of Developmentally Disabled Residents_____

3. Length of Residence_____

4. How Supported_____

INDEPENDENT LIVING _____

1. Roomate_____ Spouse_____ Alone_____

2. How Financially Supported_____

3. Are there home visits? Yes_____ No_____ NA_____

4. How frequent are visits?_____

5. Name of service that visits_____

6. Length of Residence_____

OTHER

_____

_____

_____

PAST - LIST OTHER FACILITIES WHERE RESIDENT HAS LIVED SINCE RELEASED FROM WSSH

1. _____ DATES_____

2. _____ DATES_____

3. _____ DATES_____

4. _____ DATES_____

CURRENT

1. What is approximate population of community_____

2. Describe location of facility: Low, middle, or high economic area_____

Yes___ No___ NA___ 3. Is there a board or advisory body that supervises the facility?

Yes___ No___ NA___ 4. Are there provisions for the residents to participate in home visits? How often_____

Yes___ No___ NA___ 5. Are there any colleges with which working relationships have been established? Which ones?_____ Describe the relationship_____

_____

6. Is the resident allowed opportunity to leave the premises when sufficient responsibility has been demonstrated? How often_____
Yes___ No___ NA___ With escort_____ Without escort_____

7. Are restrictions placed on the resident having personal possessions such as: personal care items, sharp or dangerous objects? List items_____
Yes___ No___ NA___ _____

8. Is there an opportunity for the resident to earn an
Yes___ No___ NA___ allowance at the facility?

9. List the resident's sources of money_____
_____

Yes___ No___ NA___ 10. Is the resident allowed to keep his own money?

11. Does the resident participate in his own money management?
Yes___ No___ NA___

12. Are provisions taken to guarantee proper nutrition (modified diet) (dietitian's services).
Yes___ No___ NA___

13. Describe any different dining and serving arrangements other than family style:_____
_____
_____

14. Clothing: Individually owned_____ shared_____ Articles shared_____
_____

15. Does the resident have his/her own chest of drawers?
Yes___ No___ NA___ If not, do they share?_____

16. Sleeping Arrangements:

Number of Individuals/Room_____ Ages_____

Shared Bed_____ Own Bed_____

17. Does resident have access to telephones for incoming and
Yes___ No___ NA___ local out-going calls?

18. Is resident allowed to open own mail without direct surveillance? Reason_____
Yes___ No___ NA___ _____

19. Does the resident have an opportunity to participate in
Yes___ No___ NA___ the formation of facility policies and procedures?

PROFESSIONAL QUALIFICATION OF RESIDENCE SUPERVISORS:_____
(Supervisor or Parent's Name)

1. Education_____

2. Experience_____

3. Training specific to job_____

_____

4. Years in current position_____

RESIDENT TRAINING PROGRAM

1. Does the current training program provide for continous evaluation and assessment? Describe_____

Yes___ No___ NA___ _____

2. Does the current training program contain specific objectives?

Yes___ No___ NA___

Yes___ No___ NA___ 3. Does the training program contain exit and entry criteria?

4. What is the expected outcome for this client?_____

_____

5. Is a written comprehensive training program for the individual in evidence?

Yes___ No___ NA___

PROFESSIONAL QUALIFICATION OF RESIDENCE SUPERVISORS:_____
(Supervisor or Parent's Name)

1. Education_____

2. Experience_____

3. Training specific to job_____

_____

4. Years in current position_____

LEISURE TIME

ACTIVITIES	CLIENT PARTICIPATION		FREQUENCY*	
	Residence	Day Project	Residence	Day Project
Field Trips				
Movies				
Television				
Sports Events				
Dances				
Records, Radio				
Music				
Camping/Hiking				
Gardening				
Bowling				
Bicycling				
Cooking				
Sewing				
Woodworking				
Reading				
Model Building				
Parties				
Swimming				
Arts & Crafts				
P.E. Activities				
Celebration of Holidays & Birthdays				
Ice Skating				
Sledding				
Motorcycle Riding				
Fishing				
Boating				
Dating				
Eating, Restaurant				
Other				

* Example 2/WK

SUPPORT SERVICES

	AVAILABILITY IN COMMUNITY		SERVICES REQUIRED BY INDIVIDUAL	NO. CONTACTS PER MO.	PER YR.	LAST CONTACT DATE
	Yes	No				
Audiology						
Dentistry						
Medical						
Education						
Food/Nutrition						
Library						
Nursing						
Occupational Therapy						
Physical Therapy						
Psychological Therapy						
Activity Therapies (Music, Art, Dance)						
Social Work						
Vo. Rehab. Counseling						
Speech Pathology						
Volunteer Services						
Optimologist						

APPENDIX E

SITE SURVEY: TRAINING PROGRAM

APPENDIX E

SITE SURVEY

TRAINING PROGRAM

INTERVIEWER _____

INTERVIEWER _____

LOCATION _____

PHONE _____

DATE _____

CLIENT'S NAME _____

BIRTHDATE _____ AGE _____

FUNCTION LEVEL (Check appropriate description)

_____ TOILET TRAINED

_____ AMBULATORY

_____ DRESS SELF

_____ FEED SELF

_____ MAXIMUM SUPERVISION NEEDED _____

_____ MINIMUM SUPERVISION NEEDED _____

_____ MODERATE SUPERVISION _____

COMMENTS: _____

FACILITY WHERE CLIENT IS PRESENTLY RECEIVING TRAINING:

Name of Facility_____

_____ Day Care

_____ Sheltered Workshop

_____ Work Activity Center

_____ Employed

_____ Other

1. Number of Clients Presently Involved_____

2. Age Span of Participants_____

3. Number of Trainers and Assistants_____

4. Describe Type of Supervision_____

5. Clients Length in Program_____

6. Anticipated Length of Stay_____

7. How is the Program Supported_____

TRAINING PROGRAM

D A Y P R O G R A M S

DESCRIPTION	UTILIZED BY CLIENT	DATES IN ATTENDANCE	HOURS DURING DAY	SALARY
EMPLOYED				
SHELTERED WORKSHOP				
ACTIVITIES CENTER				
DAY CARE				
TRANSPORTATION				
OTHER				

1. Does the current training program provide for continuous evaluation and assessment? Describe_____

Yes___ No___ NA___

2. Does the current training program contain specific objectives?

Yes___ No___ NA___

Yes___ No___ NA___ 3. Does the training program contain specific objectives?

4. What is the expected outcome for this client?_____

_____

Yes___ No___ NA___ 5. Is a written comprehensive training program for the individual in evidence?

PROFESSIONAL QUALIFICATION OF TRAINING SUPERVISORS:_____
(Supervisor or Parent's Name)

1. Education_____

2. Experience_____

3. Training specific to job_____

_____

4. Years in current position_____

HAS SKILL	BEING TAUGHT	NOT TAUGHT	NA		HAS SKILL	BEING TAUGHT	NOT TAUGHT	NA
				1. Appropriate utilization of stores and shops				
				2. Appropriate utilization of recreation and leisure-time facilities				
				3. Appropriate utilization of transportation facilities				
				4. Orientation and finding one's own directions				
				5. Safety				
				6. Appropriate utilization of postal services				
				7. Appropriate utilization of public services (police, fire department, library, etc.)				
				8. Budgeting/financial management skills				
				9. Other specific community mobility utilization skills				

TRANSPORTATION

DESCRIPTION	AVAILABLE IN COMMUNITY	PARTICIPATION BY RESIDENT: SUPERVISED	UNSUPERVISED
Walk			
BICYCLE			
BUS			
TAXI			
CAR			
OTHER			

LEISURE TIME

ACTIVITIES	CLIENT PARTICIPATION		FREQUENCY*	
	Residence	Day Project	Residence	Day Project
Field Trips				
Movies				
Television				
Sports Events				
Dances				
Records, Radio				
Music				
Camping/Hiking				
Gardening				
Bowling				
Bicycling				
Cooking				
Sewing				
Woodworking				
Reading				
Model Building				
Parties				
Swimming				
Arts & Crafts				
P.E. Activities				
Celebration of Holidays & Birthdays				
Ice Skating				
Sledding				
Motorcycle Riding				
Fishing				
Boating				
Dating				
Eating, Restaurant				
Other				

* Example 2/WK

PLEASE RESPOND:

To what degree have these people been accepted and integrated into the community?

_____

_____

Describe any specific problems encountered in integrating these people into a community setting: _____

Please describe what you would consider to be the most serious problems encountered in providing your service to this population: _____

_____

_____

Do you feel your program can accommodate more high-risk clients vs. low-risk clients?

_____

_____

LIST OTHER FACILITIES WHERE CLIENT H'S RECEIVED TRAINING SINCE WSSH

1. _____ DATES _____

2. _____ DATES _____

3. _____ DATES _____

4. _____ DATES _____

APPENDIX F

AAMD ADAPTIVE BEHAVIOR SCALE

AAMD ADAPTIVE BEHAVIOR SCALE

KAZUO NIHIRA
RAY FOSTER
MAX SHELLHAAS
HENRY LELAND

1974 Revision

Charles J. Fogelman, *Editor*

AAMD *ad hoc* Committee on
the Adaptive Behavior Scale

Chairman, Arnold A. Madow
Henry Leland
Bruce C. Libby
Kazuo Nihira

George Soloyanis, *Executive Director*

American Association on Mental Deficiency
5201 Connecticut Avenue, N.W.
Washington, D. C. 20015

PART ONE

I. INDEPENDENT FUNCTIONING

A. Eating

[1] Use of Table Utensils (Circle only ONE)

Uses knife and fork correctly and neatly	6
Uses table knife for cutting or spreading	5
Feeds self with spoon and fork - neatly	4
Feeds self with spoon and fork - considerable spilling	3
Feeds self with spoon - neatly	2
Feeds self with spoon - considerable spilling	1
Feeds self with fingers or must be fed	0

[2] Eating in Public (Circle only ONE)

Orders complete meals in restaurants	3
Orders simple meals like hamburgers or hot dogs	2
Orders soft drinks at soda fountain or canteen	1
Does not order at public eating places	0

[3] Drinking (Circle only ONE)

Drinks without spilling, holding glass in one hand	3
Drinks from cup or glass unassisted - neatly	2
Drinks from cup or glass unassisted considerable spilling	1
Does not drink from cup or glass unassisted	0

[4] Table Manners (Check ALL statements which apply)

Swallows food without chewing	___
Chews food with mouth open	___
Drops food on table or floor	___
Uses napkin incorrectly or not at all	___
Talks with mouth full	___
Takes food off others' plates	___
Eats too fast or too slow	___
Plays in food with fingers	___
None of the above	___
Does not apply, e.g., because he or she is bedfast, and/or has liquid food only (If checked, enter "0" in the circle to the right.)	___

8 number checked =

A. Eating → ADD 1-4

B. Toilet Use

[5] Toilet Training (Circle only ONE)

Never has toilet accidents	4
Never has toilet accidents during the day	3
Occasionally has toilet accidents during the day	2
Frequently has toilet accidents during the day	1
Is not toilet trained at all	0

[6] Self-Care at Toilet
(Check ALL statements which apply)

Lowers pants at the toilet without help	___
Sits on toilet seat without help	___
Uses toilet tissue appropriately	___
Flushes toilet after use	___
Puts on clothes without help	___
Washes hands without help	___
None of the above	___

B. Toilet Use → ADD 5-6

C. Cleanliness

[7] Washing Hands and Face
(Check ALL statements which apply)

Washes hands with soap	___
Washes face with soap	___
Washes hands and face with water	___
Dries hands and face	___
None of the above	___

[8] Bathing (Circle only ONE)

Prepares and completes bathing unaided	6
Washes and dries self completely without prompting or helping	5
Washes and dries self reasonably well with prompting	4
Washes and dries self with help	3
Attempts to soap and wash self	2
Cooperates when being washed and dried by others	1
Makes no attempt to wash or dry self	0

[9] Personal Hygiene
(Check ALL statements which apply)

Has strong underarm odor	___
Does not change underwear regularly by self	___
Skin is often dirty if not assisted	___
Does not keep nails clean by self	___
None of the above	___
Does not apply, e.g., because he or she is completely dependent on others (If checked, enter "0" in the circle to the right.)	___

4 number checked =

[10] Tooth Brushing (Circle only ONE)

Applies toothpaste and brushes teeth with up and down motion	5
Applies toothpaste and brushes teeth	4
Brushes teeth without help, but cannot apply toothpaste	3
Brushes teeth with supervision	2
Cooperates in having teeth brushed	1
Makes no attempt to brush teeth	0

[11] **Menstruation** (Circle only ONE)
(For males, Circle "no menstruation")

No menstruation	5
Cares for self completely for menstruation without assistance or reminder	5
Cares for self reasonably well during menstruation	4
Helps in changing pads during menstruation	3
Indicates pad needs changing during menstruation	2
Indicates that menstruation had begun	1
Will not care for self or seek help during menstruation	0

C. Cleanliness → ADD 7-11

D. Appearance

[12] **Posture** (Check ALL statements which apply)

- Mouth hangs open ___
- Head hangs down ___
- Stomach sticks out because of posture ___
- Shoulders slumped forward and back bent ___
- Walks with toes out or toes in ___
- Walks with feet far apart ___
- Shuffles, drags, or stamps feet when walking ___
- Walks on tiptoes ___
- **None of the above** ___
- Does not apply, e g , because he or she is bedfast or non-ambulatory (If checked, enter "0" in the circle to the right)

8-number checked =

[13] **Clothing** (Check ALL statements which apply)

- Clothes do not fit properly if not assisted ___
- Wears torn or unpressed clothing if not prompted ___
- Rewears dirty or soiled clothing if not prompted ___
- Wears clashing color combinations if not prompted ___
- Does not know the difference between work shoes and dress shoes ___
- Does not choose different clothing for formal and informal occasions ___
- Does not wear special clothing for different weather conditions (raincoat, overshoes, etc) ___
- **None of the above** ___
- Does not apply, e g , because he or she is completely dependent on others (If checked, enter "0" in the circle to the right)

7-number checked =

D. Appearance → ADD 12-13

E. Care of Clothing

[14] **Care of Clothing**
(Check ALL statements which apply)

- Wipes and polishes shoes when needed ___
- Puts clothes in drawer or chest neatly ___
- Sends clothes to laundry without being reminded ___
- Hangs up clothes without being reminded ___
- **None of the above** ___

E Care of Clothing → ENTER 14

F. Dressing and Undressing

[15] **Dressing** (Circle only ONE)

Completely dresses self	5
Completely dresses self with verbal prompting only	4
Dresses self by pulling or putting on all clothes with verbal prompting and by fastening (zipping, buttoning, snapping) them with help	3
Dresses self with help in pulling or putting on most clothes and fastening them	2
Cooperates when dressed by extending arms or legs	1
Must be dressed completely	0

[16] **Undressing at Appropriate Times**
(Circle only ONE)

Completely undresses self	5
Completely undresses self with verbal prompting only	4
Undresses self by unfastening (unzipping, unbuttoning, unsnapping) clothes with help and pulling or taking them off with verbal prompting	3
Undresses self with help in unfastening and pulling or taking off most clothes	2
Cooperates when undressed by extending arms or legs	1
Must be completely undressed	0

[17] **Shoes** (Check ALL statements with apply)

- Puts on shoes correctly without assistance ___
- Ties shoe laces without assistance ___
- Unties shoe laces without assistance ___
- Removes shoes without assistance ___
- **None of the above** ___

F. Dressing and Undressing → ADD 15-17

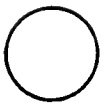
G. Travel

[18] **Sense of Direction** (Circle only ONE)

Goes a few blocks from hospital or school ground, or several blocks from home without getting lost	3
Goes around hospital ground or a few blocks from home without getting lost	2
Goes around cottage, ward, or home alone	1
Gets lost whenever leaving own living area	0

[19] **Public Transportation**
(Check ALL statements which apply)

Rides on train, long-distance bus or plane independently ___
Rides in taxi independently ___
Rides subway or city bus for unfamiliar journeys independently ___
Rides subway or city bus for familiar journeys independently ___
None of the above ___

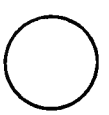


C. Travel → ADD 18-19

H. Other Independent Functioning

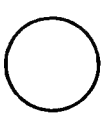
[20] **Telephone** (Check ALL statements which apply)

Uses telephone directory ___
Uses pay telephone ___
Makes telephone calls from private telephone ___
Answers telephone appropriately ___
Takes telephone messages ___
None of the above ___



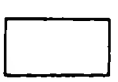
[21] **Miscellaneous Independent Functioning**
(Check ALL statements which apply)

Prepares own bed at night ___
Goes to bed unassisted, e g , getting in bed, covering with blanket, etc. ___
Has ordinary control of appetite, eats moderately ___
Knows postage rates, buys stamps from Post Office ___
Looks after personal health, e g , changes wet clothing ___
Deals with simple injuries, e g , cuts, burns ___
Knows how and where to obtain a doctor's or dentist's help ___
Knows about welfare facilities in the community ___
None of the above ___



H. Other Independent Functioning → ADD 20-21

I. INDEPENDENT FUNCTIONING → ADD TRIANGLES A-H

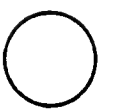


II. PHYSICAL DEVELOPMENT

A. Sensory Development
(*Observable* functioning ability)

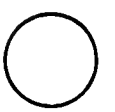
[22] **Vision** (With glasses, if used)
(Circle only ONE)

No difficulty in seeing 3
Some difficulty in seeing 2
Great difficulty in seeing 1
No vision at all 0

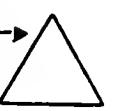


[23] **Hearing** (With hearing aid, if used)
(Circle only ONE)

No difficulty in hearing 3
Some difficulty in hearing 2
Great difficulty in hearing 1
No hearing at all 0



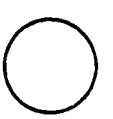
A. Sensory Development → ADD 22-23



B. Motor Development

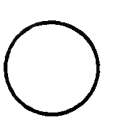
[24] **Body Balance** (Circle only ONE)

Stands on "tiptoe" for ten seconds if asked 5
Stands on one foot for two seconds if asked 4
Stands without support 3
Stands with support 2
Sits without support 1
Can do none of the above 0



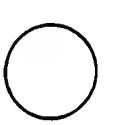
[25] **Walking and Running**
(Check ALL statements which apply)

Walks alone ___
Walks up and down stairs alone ___
Walks down stairs by alternating feet ___
Runs without falling often ___
Hops, skips or jumps ___
None of the above ___



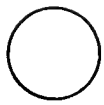
[26] **Control of Hands**
(Check ALL statements which apply)

Catches a ball ___
Throws a ball overhand ___
Lifts cup or glass ___
Grasps with thumb and finger ___
None of the above ___

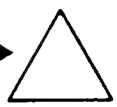


[27] **Limb Function**
(Check ALL statements which apply)

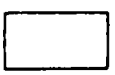
Has effective use of right arm ____
Has effective use of left arm ____
Has effective use of right leg ____
Has effective use of left leg ____
None of the above ____



B. Motor Development → ADD 24-27

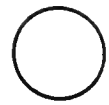


II PHYSICAL DEVELOPMENT → ADD TRIANGLES A-B



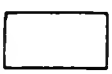
[31] **Purchasing** (Circle only ONE)

Buys all own clothing	5
Buys own clothing accessories	4
Makes minor purchases without help (candy, soft drinks, etc.)	3
Does shopping with slight supervision	2
Does shopping with close supervision	1
Does no shopping	0



B Shopping Skills → ADD 30-31

III. ECONOMIC ACTIVITY → ADD TRIANGLES A-B

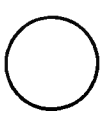


III. ECONOMIC ACTIVITY

A. Money Handling and Budgeting

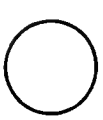
[28] **Money Handling** (Circle only ONE)

Uses banking facilities independently	4
Makes change correctly but does not use banking facilities	3
Adds coins of various denominations, up to one dollar	2
Uses money, but does not make change correctly	1
Does not use money	0



[29] **Budgeting**
(Check ALL statements which apply)

Saves money or tokens for a particular purpose ____
Budgets fares, meals, etc ____
Spends money with some planning ____
Controls own major expenditures ____
None of the above ____

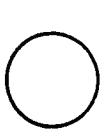


A. Money Handling and Budgeting → ADD 28-29

B. Shopping Skills

[30] **Errands** (Circle only ONE)

Goes to several shops and specifies different items	4
Goes to one shop and specifies one item	3
Goes on errands for simple purchasing without a note	2
Goes on errands for simple purchasing with a note	1
Cannot be sent on errands	0

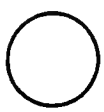


IV. LANGUAGE DEVELOPMENT

A. Expression

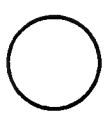
[32] **Writing** (Circle only ONE)

Writes sensible and understandable letters	5
Writes short notes and memos	4
Writes or prints forty words	3
Writes or prints ten words	2
Writes or prints own name	1
Cannot write or print any words	0



[33] **Preverbal Expression**
(Check ALL statements which apply)

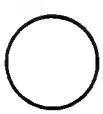
Nods head or smiles to express happiness ____
Indicates hunger ____
Indicates wants by pointing or vocal noises ____
Chuckles or laughs when happy ____
Expresses pleasure or anger by vocal noises ____
Is able to say at least a few words (Enter "6" if checked, regardless of other items) ____
None of the above ____



[34] **Articulation** (Check ALL statements which apply--if no speech, check "None" and enter "0" in the circle)

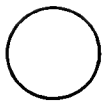
4-number checked =

Speech is low, weak, whispered or difficult to hear ____
Speech is slowed, deliberate or labored ____
Speech is hurried, accelerated, or pushed ____
Speaks with blocking, halting, or other irregular interruptions ____
None of the above ____



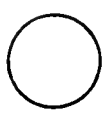
[35] **Sentences** (Circle only ONE)

Sometimes uses complex sentences containing "because," "but," etc	3
Asks questions using words such as "why," "how," "what," etc	2
Speaks in simple sentences	1
Speaks in primitive phrases only, or is non-verbal	0



[36] **Word Usage** (Circle only ONE)

Talks about action when describing pictures	4
Names people or objects when describing pictures	3
Names familiar objects	2
Asks for things by their appropriate names	1
Is non-verbal or nearly non-verbal	0

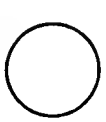


A. Expression → ADD 32-36

B. Comprehension

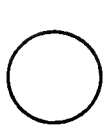
[37] **Reading** (Circle only ONE)

Reads books suitable for children nine years or older	5
Reads books suitable for children seven years old	4
Reads simple stories or comics	3
Reads various signs, e g , "NO PARKING," "ONE WAY," "MEN," WOMEN," etc	2
Recognizes ten or more words by sight	1
Recognizes fewer than ten words or none at all	0

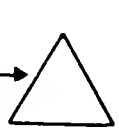


[38] **Complex Instructions**
(Check ALL statements which apply)

Understands instructions containing prepositions, e g , "on," "in," "behind," "under," etc ___
Understands instructions referring to the order in which things must be done, e g , "first do- then do-" ___
Understands instructions requiring a decision "If—, do this, but if not, do—" ___
None of the above ___



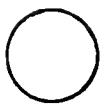
B. Comprehension → ADD 37-38



C. Social Language Development

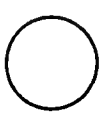
[39] **Conversation**
(Check ALL statements which apply)

Uses phrases such as "please," and "thank you" ___
Is sociable and talks during meals ___
Talks to others about sports, family, group activities, etc ___
None of the above ___

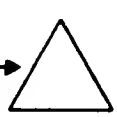


[40] **Miscellaneous Language Development**
(Check ALL statements which apply)

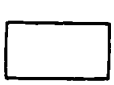
Can be reasoned with ___
Obviously responds when talked to ___
Talks sensibly ___
Reads books, newspapers, magazines for enjoyment ___
Repeats a story with little or no difficulty ___
Fills in the main items on application form reasonably well ___
None of the above ___



C. Social Language Development → ADD 39-40



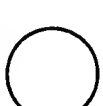
IV. LANGUAGE DEVELOPMENT → ADD TRIANGLES A-C



V. NUMBERS AND TIME

[41] **Numbers** (Circle only ONE)

Does simple addition and subtraction	5
Counts ten or more objects	4
Mechanically counts to ten	3
Counts two objects by saying "one two"	2
Discriminates between "one" and "many" or "a lot"	1
Has no understanding of numbers	0



[42] Time (Check ALL statements which apply)

Tells time by clock or watch correctly to the minute ___
Understands time intervals, e g between "3 30" and "4 30" ___
Understands time equivalents, e g , "9 15" is the same as "quarter past nine" ___
Associates time on clock with various actions and events ___
None of the above ___

[43] Time Concept
(Check ALL statements which apply)

Names the days of the week ___
Refers correctly to " morning" and "afternoon" ___
Understands difference between day-week, minute-hour, month-year, etc ___
None of the above ___

V. NUMBERS AND TIME → **ADD** 41-43

VI. DOMESTIC ACTIVITY

A. Cleaning

[44] Room Cleaning (Circle only ONE)

Cleans room well, e g , sweeping, dusting and tidying 2
Cleans room but not thoroughly 1
Does not clean room at all 0

[45] Laundry (Check ALL statements which apply)

Washes clothing ___
Dries clothing ___
Folds clothing ___
Irons clothing when appropriate ___
None of the above ___

A. Cleaning → **ADD** 44-45

B. Kitchen

[46] Table Setting (Circle only ONE)

Places all eating utensils, as well as napkins, salt pepper, sugar, etc , in positions learned 3
Places plates, glasses, and utensils in positions learned 2
Places silver, plates, cups, etc , on the table 1
Does not set table at all 0

[47] Food Preparation (Circle only ONE)

Prepares an adequate complete meal (may use canned or frozen food) 3
Mixes and cooks simple food, e g , fries eggs, makes pancakes, cooks TV dinners, etc 2
Prepares simple foods requiring no mixing or cooking, e g , sandwiches, cold cereal, etc 1
Does not prepare food at all 0

[48] Table Clearing (Circle only ONE)

Clears table of breakable dishes and glassware 2
Clears table of unbreakable dishes and silverware 1
Does not clear table at all 0

B Kitchen → **ADD** 46-48

C. Other Domestic Activities

[49] General Domestic Activity
(Check ALL statements which apply)

Washes dishes well ___
Makes bed neatly ___
Helps with household chores when asked ___
Does household tasks routinely ___
None of the above ___

C. Other Domestic Activities → **ENTER** 49

VI DOMESTIC ACTIVITY → **ADD** TRIANGLES A-C

VII. VOCATIONAL ACTIVITY

[50] Job Complexity (Circle only ONE)

Performs a job requiring use of tools or machinery, e g , shop work, sewing, etc 2
Performs simple work, e g , simple gardening, mopping floors, emptying trash, etc 1
Performs no work at all 0

[51] **Job Performance**
(Check ALL statements which apply)
(If "0" is circled in item 50, check "None of the above" and enter "0" in the circle)

4-number checked =

Endangers others because of carelessness ____
Does not take care of tools ____
Is a very slow worker ____
Does sloppy, inaccurate work ____
None of the above ____

[52] **Work Habits**
(Check ALL statements which apply)
(If "0" is circled in item 50, check "None of the above" and enter "0" in the circle)

5-number checked =

Is late from work without good reason ____
Is often absent from work ____
Does not complete jobs without constant encouragement ____
Leaves work station without permission ____
Grumbles or gripes about work ____
None of the above ____

VII. VOCATIONAL ACTIVITY → **ADD** 50-52 → ☐

VIII. SELF-DIRECTION

A. Initiative

[53] **Initiative** (Circle only ONE)

Initiates most of own activities, e g , tasks, games, etc. 3
Asks if there is something to do, or explores surroundings, e g , home, yard, etc 2
Will engage in activities only if assigned or directed 1
Will not engage in assigned activities, e g , putting away toys, etc 0

[54] **Passivity**
(Check ALL statements which apply)

6-number checked =

Has to be made to do things ____
Has no ambition ____
Seems to have no interest in things ____
Finishes task last because of wasted time ____
Is unnecessarily dependent on others for help ____
Movement is slow and sluggish ____
None of the above ____
Does not apply, e g , because he or she is totally dependent on others (If checked, enter "0" in the circle to the right) ____

A. Initiative → **ADD** 53-54 → △

B. Perseverance

[55] **Attention** (Circle only ONE)

Will pay attention to purposeful activities for more than fifteen minutes, e g., playing games, reading, cleaning up 4
Will pay attention to purposeful activities for at least fifteen minutes 3
Will pay attention to purposeful activities for at least ten minutes 2
Will pay attention to purposeful activities for at least five minutes 1
Will not pay attention to purposeful activities for as long as five minutes 0

[56] **Persistence**
(Check ALL statements which apply)

4-number checked =

Becomes easily discouraged ____
Fails to carry out tasks ____
Jumps from one activity to another ____
Needs constant encouragement to complete task ____
None of the above ____
Does not apply, e g , because he or she is totally incapable of any organized activities (If checked, enter "0" in the circle to the right) ____

B. Perseverance → **ADD** 55-56 → △

C. Leisure Time

[57] **Leisure Time Activity**
(Check ALL statements which apply)

Organizes leisure time on a fairly complex level, e g , plays billiards, fishes, etc ____
Has hobby, e g , painting, embroidery, collecting stamps or coins ____
Organizes leisure time adequately on a simple level, e g , watching television, listening to phonograph, radio, etc ____
None of the above ____

C. Leisure Time → **ENTER** 57 → △

VIII. SELF-DIRECTION → **ADD** TRIANGLES A-C → ☐

IX. RESPONSIBILITY

[58] **Personal Belongings** (Circle only ONE)

Very dependable--always takes care of personal belongings 3
Usually dependable--usually takes care of personal belongings 2
Unreliable -seldom takes care of personal belongings 1
Not responsible at all -does not take care of personal belongings 0

[59] General Responsibility (Circle only ONE)

Very conscientious and assumes much responsibility--makes a special effort, the assigned activities are always performed 3
Usually dependable--makes an effort to carry out responsibility, one can be reasonably certain that the assigned activity will be performed 2
Unreliable--makes little effort to carry out responsibility; one is uncertain that the assigned activity will be performed 1
Not given responsibility, is unable to carry out responsibility at all 0

IX. RESPONSIBILITY ADD 58-59 →

X. SOCIALIZATION

[60] Cooperation (Circle only ONE)

Offers assistance to others 2
Is willing to help if asked 1
Never helps others 0

[61] Consideration for Others
(Check ALL statements which apply)

Shows interest in the affairs of others ___
Takes care of others' belongings ___
Directs or manages the affairs of others when needed ___
Shows consideration for others' feelings ___
None of the above ___

[62] Awareness of Others
(Check ALL statements which apply)

Recognizes own family ___
Recognizes people other than family ___
Has information about others, e g , job, address, relation to self ___
Knows the names of people close to him, e g , classmates, neighbors ___
Knows the names of people not regularly encountered ___
None of the above ___

[63] Interaction With Others (Circle only ONE)

Interacts with others in group games or activity 3
Interacts with others for at least a short period of time, e g , showing or offering toys, clothing or objects 2
Interacts with others imitatively with little interaction 1
Does not respond to others in a socially acceptable manner 0

[64] Participation in Group Activities
(Circle only ONE)

Initiates group activities (leader and organizer) 3
Participates in group activities spontaneously and eagerly (active participant) 2
Participates in group activities if encouraged to do so (passive participant) 1
Does not participate in group activities 0

[65] Selfishness
(Check ALL statements which apply)

Refuses to take turns ___
Does not share with others ___
Gets mad if he does not get his way ___
Interrupts aide or teacher who is helping another person ___
None of the above ___
Does not apply, e g , because he or she has no social interaction or is profoundly withdrawn (If checked, enter "0" in the circle to the right) ___

4-number checked =

[66] Social Maturity
(Check ALL statements which apply)

Is too familiar with strangers ___
Is afraid of strangers ___
Does anything to make friends ___
Likes to hold hands with everyone ___
Is at someone's elbow constantly ___
None of the above ___
Does not apply, e g , because he or she has no social interaction or is profoundly withdrawn (If checked, enter "0" in the circle to the right) ___

5-number checked =

X. SOCIALIZATION ADD 60-66 →

INSTRUCTIONS FOR PART TWO

Part Two contains only one type of item. The following is an example.

[2] **Damages Personal Property**	**Occasionally**	**Frequently**	
Rips, tears, or chews own clothing	(1)	2	
Soils own property	1	(2)	(5)
Tears up own magazines, books, or other possessions	1	(2)	
Other (specify _____)	1	2	
_____ **None of the above**	**Total** 1	4	

Select those of the statements which are true of the individual being evaluated, and circle (1) if the behavior occurs occasionally, or (2) if it occurs frequently. Check "None of the Above" where appropriate. In scoring, total each column on the bottom (Total) line, and enter the sum of these totals in the circle to the right. When "None of the above" is checked, enter 0 in the circle to the right. In the above example, the first statement is true occasionally, and the last two statements are true frequently; therefore, a score of 5 has been entered.

"Occasionally" signifies that the behavior occurs once in a while, or now and then, and "Frequently" signifies that the behavior occurs quite often, or habitually.

Use the space for "Other" when:

1 The person has related behavior problems *in addition* to those circled.
2 The person has behavior problems that are *not covered* by any of the examples listed.

The behavior listed under "Other" must be a specific example of the behavior problem stated in the item.

Some of the items in Part Two describe behaviors which need not be considered maladaptive for very young children (for example, pushing others). The question of whether a given behavior is adaptive or maladaptive depends on the way that particular behavior is viewed by people in our society. Nonetheless, in completing this Scale you are asked to record a person's behavior as accurately as possible, ignoring, for the moment, your personal biases, then, when you later interpret the impact of the reported behaviors, you should take into consideration societal attitudes

PART TWO

I VIOLENT AND DESTRUCTIVE BEHAVIOR

[1] Threatens or Does Physical Violence

	Occasionally	Frequently
Uses threatening gestures	1	2
Indirectly causes injury to others	1	2
Spits on others	1	2
Pushes, scratches or pinches others	1	2
Pulls others' hair, ears, etc	1	2
Bites others	1	2
Kicks, strikes or slaps others	1	2
Throws objects at others	1	2
Chokes others	1	2
Uses objects as weapons against others	1	2
Hurts animals	1	2
Other (specify _____)	1	2
None of the above	Total	

[2] Damages Personal Property

Rips, tears or chews own clothing	1	2
Soils own property	1	2
Tears up own magazines, books, or other possessions	1	2
Other (specify _____)	1	2
None of the above	Total	

[3] Damages Others' Property

Rips, tears, or chews others' clothing	1	2
Soils others' property	1	2
Tears up others' magazines, books, or personal possessions	1	2
Other (specify _____)	1	2
None of the above	Total	

[4] Damages Public Property

Tears up magazines, books or other public property	1	2
Is overly rough with furniture (kicks, mutilates, knocks it down)	1	2
Breaks windows	1	2
Stuffs toilet with paper, towels or other solid objects that cause an overflow	1	2
Attempts to set fires	1	2
Other (specify _____)	1	2
None of the above	Total	

[5] Has Violent Temper, or Temper Tantrums

	Occasionally	Frequently
Cries and screams	1	2
Stamps feet while banging objects or slamming doors, etc	1	2
Stamps feet, screaming and yelling	1	2
Throws self on floor, screaming and yelling	1	2
Other (specify _____)	1	2
None of the above	Total	

I. VIOLENT AND DESTRUCTIVE BEHAVIOR — ADD 1-5

II. ANTISOCIAL BEHAVIOR

[6] Teases or Gossips About Others

Gossips about others	1	2
Tells untrue or exaggerated stories about others	1	2
Teases others	1	2
Picks on others	1	2
Makes fun of others	1	2
Other (specify _____)	1	2
None of the above	Total	

[7] Bosses and Manipulates Others

Tries to tell others what to do	1	2
Demands services from others	1	2
Pushes others around	1	2
Causes fights among other people	1	2
Manipulates others to get them in trouble	1	2
Other (specify _____)	1	2
None of the above	Total	

[8] Disrupts Others' Activities

Is always in the way	1	2
Interferes with others' activities, e g , by blocking passage, upsetting wheelchairs, etc	1	2
Upsets others' work	1	2
Knocks around articles that others are working with, e g , puzzles, card games, etc	1	2
Snatches things out of others' hands	1	2
Other (specify _____)	1	2
None of the above	Total	

	Occasionally	Frequently

[9] Is Inconsiderate of Others

Keeps temperature in public areas uncomfortable for others, e g , opens or closes window, changes thermostat	1	2
Turns TV, radio or phonograph on too loudly	1	2
Makes loud noises while others are reading	1	2
Talks too loudly	1	2
Sprawls over furniture or space needed by others	1	2
Other (specify _____)	1	2
None of the above — Total		

[10] Shows Disrespect for Others' Property

Does not return things that were borrowed	1	2
Uses others' property without permission	1	2
Loses others' belongings	1	2
Damages others' property	1	2
Does not recognize the difference between own and others' property	1	2
Other (specify _____)	1	2
None of the above — Total		

[11] Uses Angry Language

Uses hostile language, e g , "stupid jerk," "dirty pig," etc	1	2
Swears, curses, or uses obscene language	1	2
Yells or screams threats of violence	1	2
Verbally threatens others, suggesting physical violence	1	2
Other (specify _____)	1	2
None of the above — Total		

II. ANTISOCIAL BEHAVIOR — ADD 6-11 → ☐

III REBELLIOUS BEHAVIOR

	Occasionally	Frequently

[12] Ignores Regulations or Regular Routines

Has negative attitude toward rules but usually conforms	1	2
Has to be forced to go through waiting lines, e g , lunch lines, ticket lines, etc	1	2
Violates rules or regulations, e g , eats in restricted areas, disobeys traffic signals, etc	1	2
Refuses to participate in required activities, e g , work, school, etc	1	2
Other (specify _____)	1	2
None of the above — Total		

[13] Resists Follnwing Instructions, Requests or Orders

Gets upset if given a direct order	1	2
Plays deaf and does not follow instructions	1	2
Does not pay attention to instructions	1	2
Refuses to work on assigned subject	1	2
Hesitates for long periods before doing assigned tasks	1	2
Does the opposite of what was requested	1	2
Other (specify _____)	1	2
None of the above — Total		

[14] Has Impudent or Rebellious Attitude Toward Authority

Resents persons in authority, e g , teachers, group leaders, ward personnel, etc	1	2
Is hostile toward people in authority	1	2
Mocks people in authority	1	2
Says that he can fire people in authority	1	2
Says relative will come to kill or harm persons in authority	1	2
Other (specify _____)	1	2
None of the above — Total		

[15] Is Absent From, or Late For, the Proper Assignments or Places

Is late to required places or activities	1	2
Fails to return to places where he is supposed to be after leaving, e g , going to toilet, running an errand, etc	1	2
Leaves place of required activity without permission, e g , work, class, etc	1	2
Is absent from routine activities, e g , work, class, etc	1	2
Stays out late at night from home, hospital ward, dormitory, etc	1	2
Other (specify _____)	1	2
None of the above — Total		

Occasionally Frequently

[16] Runs Away or Attempts to Run Away

Attempts to run away from hospital, home, or school ground	1	2
Runs away from group activities, e g , picnics, school buses, etc	1	2
Runs away from hospital, home, or school ground	1	2
Other (specify _____)	1	2
_____None of the above		

Total

[17] Misbehaves in Group Settings

Interrupts group discussion by talking about unrelated topics	1	2
Disrupts games by refusing to follow rules	1	2
Disrupts group activities by making loud noises or by acting up	1	2
Does not stay in seat during lesson period, lunch period, or other group sessions	1	2
Other (specify _____)	1	2
_____None of the above		

Total

III. REBELLIOUS BEHAVIOR → ADD 12-17 [ ]

IV. UNTRUSTWORTHY BEHAVIOR

[18] Takes Others' Property Without Permission

Has been suspected of stealing	1	2
Takes others' belongings if not kept in place or locked	1	2
Takes others' belongings from pockets, purses, drawers, etc	1	2
Takes others' belongings by opening or breaking locks	1	2
Other (specify _____)	1	2
_____None of the above		

Total

[19] Lies or Cheats

Twists the truth to own advantage	1	2
Cheats in games, tests, assignments, etc	1	2
Lies about situations	1	2
Lies about self	1	2
Lies about others	1	2
Other (specify _____)	1	2
_____None of the above		

Total

IV. UNTRUSTWORTHY BEHAVIOR → ADD 18-19 [ ]

V. WITHDRAWAL

[20] Is Inactive

Occasionally Frequently

Sits or stands in one position for a long period of time	1	2
Does nothing but sit and watch others	1	2
Falls asleep in a chair	1	2
Lies on the floor all day	1	2
Does not seem to react to anything	1	2
Other (specify _____)	1	2
_____None of the above		

Total

[21] Is Withdrawn

Seems unaware of surroundings	1	2
Is difficult to reach or contact	1	2
Is apathetic and unresponsive in feeling	1	2
Has a blank stare	1	2
Has a fixed expression	1	2
Other (specify _____)	1	2
_____None of the above		

Total

[22] Is Shy

Is timid and shy in social situations	1	2
Hides face in group situations, e g , parties, informal gatherings, etc	1	2
Does not mix well with others	1	2
Prefers to be alone	1	2
Other (specify _____)	1	2
_____None of the above		

Total

V. WITHDRAWAL → ADD 20-22 [ ]

VI STEREOTYPED BEHAVIOR AND ODD MANNERISMS

[23] Has Stereotyped Behaviors

Drums fingers	1	2
Taps feet continually	1	2
Has hands constantly in motion	1	2
Slaps, scratches, or rubs self continually	1	2
Waves or shakes parts of the body repeatedly	1	2
Moves or rolls head back and forth	1	2
Rocks body back and forth	1	2
Paces the floor	1	2
Other (specify _____)	1	2
_____None of the above		

Total

Occasionally Frequently

[24] Has Peculiar Posture or Odd Mannerisms

Holds head tilted	1	2
Sits with knees under chin	1	2
Walks on tiptoes	1	2
Lies on floor with feet up in the air	1	2
Walks with fingers in ears or with hands on head	1	2
Other (specify _____)	1	2
_____ None of the above	Total	

VI. STEREOTYPED BEHAVIOR AND ODD MANNERISMS

ADD 23-24 → [ ]

VII. INAPPROPRIATE INTERPERSONAL MANNERS

[25] Has Inappropriate Interpersonal Manners

Talks too close to others' faces	1	2
Blows on others' faces	1	2
Burps at others	1	2
Kisses or licks others	1	2
Hugs or squeezes others	1	2
Touches others inappropriately	1	2
Hangs on to others and does not let go	1	2
Other (specify _____)	1	2
_____ None of the above	Total	

VII. INAPPROPRIATE INTERPERSONAL MANNERS

ENTER 25 → [ ]

VIII. UNACCEPTABLE VOCAL HABITS

[26] Has Disturbing Vocal or Speech Habits

Giggles hysterically	1	2
Talks loudly or yells at others	1	2
Talks to self loudly	1	2
Laughs inappropriately	1	2
Makes growling, humming, or other unpleasant noises	1	2
Repeats a word or phrase over and over	1	2
Mimics others' speech	1	2
Other (specify _____)	1	2
_____ None of the above	Total	

VIII UNACCEPTABLE VOCAL HABITS

ENTER 26 → [ ]

IX. UNACCEPTABLE OR ECCENTRIC HABITS

Occasionally Frequently

[27] Has Strange And Unacceptable Habits

Smells everything	1	2
Inappropriately stuffs things in pockets shirts, dresses or shoes	1	2
Pulls threads out of own clothing	1	2
Plays with things he is wearing, e g , shoe string, buttons, etc	1	2
Saves and wears unusual articles, e g , safety pins, bottle caps, etc	1	2
Hoards things, including foods	1	2
Plays with spit	1	2
Plays with feces or urine	1	2
Other (specify _____)	1	2
_____ None of the above	Total	

[28] Has Unacceptable Oral Habits

Drools	1	2
Grinds teeth audibly	1	2
Spits on the floor	1	2
Bites fingernails	1	2
Chews or sucks fingers or other parts of the body	1	2
Chews or sucks clothing or other inedibles	1	2
Eats inedibles	1	2
Drinks from toilet stool	1	2
Puts everything in mouth	1	2
Other (specify _____)	1	2
_____ None of the above	Total	

[29] Removes or Tears Off Own Clothing

Tears off buttons or zippers	1	2
Inappropriately removes shoes or socks	1	2
Undresses at the wrong times	1	2
Takes off all clothing while on the toilet	1	2
Tears off own clothing	1	2
Refuses to wear clothing	1	2
Other (specify _____)	1	2
_____ None of the above		
	Total	

[30] Has Other Eccentric Habits and Tendencies

	Occasionally	Frequently
Is overly particular about places to sit or sleep	1	2
Stands in a favorite spot (e.g., by window, by door, etc)	1	2
Sits by anything that vibrates	1	2
Is afraid to climb stairs or to go down stairs	1	2
Does not want to be touched	1	2
Screams if touched	1	2
Other (specify _____)	1	2
_____ None of the above		

Total

IX UNACCEPTABLE OR ECCENTRIC HABITS → ADD 27-30 [ ]

X SELF-ABUSIVE BEHAVIOR

[31] Does Physical Violence to Self

Bites or cuts self	1	2
Slaps or strikes self	1	2
Bangs head or other parts of the body against objects	1	2
Pulls own hair, ears, etc	1	2
Scratches or picks self causing injury	1	2
Soils and smears self	1	2
Purposely provokes abuse from others	1	2
Picks at any sores he might have	1	2
Pokes objects in own ears, eyes, nose, or mouth	1	2
Other (specify _____)	1	2
_____ None of the above		

Total

X SELF-ABUSIVE BEHAVIOR → ENTER 31 [ ]

XI. HYPERACTIVE TENDENCIES

[32] Has Hyperactive Tendencies

Talks excessively	1	2
Will not sit still for any length of time	1	2
Constantly runs or jumps around the room or hall	1	2
Moves or fidgets constantly	1	2
Other (specify _____)	1	2
_____ None of the above		

Total

XI HYPERACTIVE TENDENCIES → ENTER 32 [ ]

XII SEXUALLY ABERRANT BEHAVIOR

[33] Engages in Inappropriate Masturbation

	Occasionally	Frequently
Has attempted to masturbate openly	1	2
Masturbates in front of others	1	2
Masturbates in group	1	2
Other (specify _____)	1	2
_____ None of the above		

Total

[34] Exposes Body Improperly

Exposes body unnecessarily after using toilet	1	2
Stands in public places with pants down or with dress up	1	2
Exposes body excessively during activities, e.g., playing, dancing, sitting, etc	1	2
Undresses in public places, or in front of lighted windows	1	2
Other (specify _____)	1	2
_____ None of the above		

Total

[35] Has Homosexual Tendencies

Is sexually attracted to members of the same sex	1	2
Has approached others and attempted homosexual acts	1	2
Has engaged in homosexual activity	1	2
Other (specify _____)	1	2
_____ None of the above		

Total

[36] Sexual Behavior That Is Socially Unacceptable

Is overly seductive in appearance or actions	1	2
Hugs or caresses too intensely in public	1	2
Needs watching with regard to sexual behavior	1	2
Lifts or unbuttons others' clothing to touch intimately	1	2
Has sexual relations in public places	1	2
Is overly aggressive sexually	1	2
Has raped others	1	2
Is easily taken advantage of sexually	1	2
Other (specify _____)	1	2
_____ None of the above		

Total

XII. SEXUALLY ABERRANT BEHAVIOR → ADD 33-36 [ ]

XIII. PSYCHOLOGICAL DISTURBANCES

	Occasionally	Frequently
[37] Tends to Overestimate Own Abilities		
Does not recognize own limitations	1	2
Has too high an opinion of self	1	2
Talks about future plans that are unrealistic	1	2
Other (specify _____)	1	2
_____ None of the above	Total	

[38] Reacts Poorly to Criticism		
Does not talk when corrected	1	2
Withdraws or pouts when criticized	1	2
Becomes upset when criticized	1	2
Screams and cries when corrected	1	2
Other (specify _____)	1	2
_____ None of the above	Total	

[39] Reacts Poorly to Frustration		
Blames own mistakes on others	1	2
Withdraws or pouts when thwarted	1	2
Becomes upset when thwarted	1	2
Throws temper tantrums when does not get own way	1	2
Other (specify _____)	1	2
_____ None of the above	Total	

[40] Demands Excessive Attention or Praise		
Wants excessive praise	1	2
Is jealous of attention given to others	1	2
Demands excessive reassurance	1	2
Acts silly to gain attention	1	2
Other (specify _____)	1	2
_____ None of the above	Total	

[41] Seems To Feel Persecuted		
Complains of unfairness, even when equal shares or privileges have been given	1	2
Complains, "Nobody loves me"	1	2
Says, "Everybody picks on me"	1	2
Says, "People talk about me"	1	2
Says, "People are against me"	1	2
Acts suspicious of people	1	2
Other (specify _____)	1	2
_____ None of the above	Total	

	Occasionally	Frequently
[42] Has Hypochondriacal Tendencies		
Complains about imaginary physical ailments	1	2
Pretends to be ill	1	2
Acts sick after illness is over	1	2
Other (specify _____)	1	2
_____ None of the above	Total	

[43] Has Other Signs of Emotional Instabilities		
Changes mood without apparent reason	1	2
Complains of bad dreams	1	2
Cries out while asleep	1	2
Cries for no apparent reason	1	2
Seems to have no emotional control	1	2
Vomits when upset	1	2
Appears insecure or frightened in daily activities	1	2
Talks about people or things that cause unrealistic fears	1	2
Talks about suicide	1	2
Has made an attempt at suicide	1	2
Other (specify _____)	1	2
_____ None of the above	Total	

XIII PSYCHOLOGICAL DISTURBANCES → ADD 37-43 [ ]

XIV USE OF MEDICATIONS

[44] Use of Prescribed Medication		
Uses tranquilizers	1	2
Uses sedatives	1	2
Uses anticonvulsant drugs	1	2
Uses stimulants	1	2
Other (specify _____)	1	2
_____ None of the above	Total	

XIV USE OF MEDICATIONS → ENTER 44 [ ]

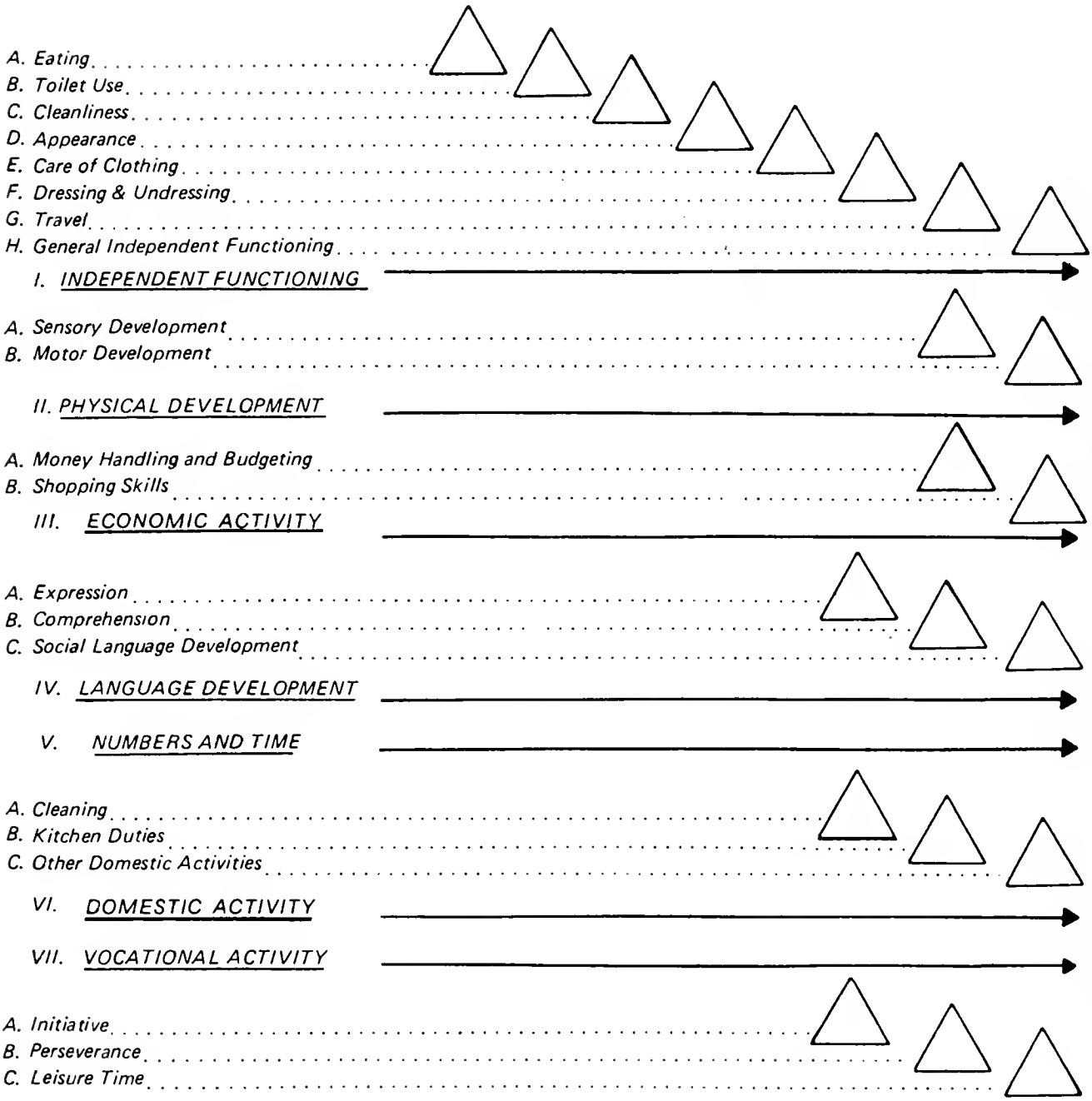
Identification _____

Age _____

Sex _____

Date of Administration _____

DATA SUMMARY SHEET - AAMD ADAPTIVE BEHAVIOR SCALE
PART ONE



DATA SUMMARY SHEET

PART TWO

I. VIOLENT AND DESTRUCTIVE BEHAVIOR	☐	*I*
II. ANTISOCIAL BEHAVIOR	☐	*II*
III. REBELLIOUS BEHAVIOR	☐	*III*
IV. UNTRUSTWORTHY BEHAVIOR	☐	*IV*
V. WITHDRAWAL	☐	*V*
VI. STEREOTYPED BEHAVIOR AND ODD MANNERISMS	☐	*VI*
VII. INAPPROPRIATE INTERPERSONAL MANNERS	☐	*VII*
VIII. UNACCEPTABLE VOCAL HABITS	☐	*VIII*
IX. UNACCEPTABLE OR ECCENTRIC HABITS	☐	*IX*
X. SELF-ABUSIVE BEHAVIOR	☐	*X*
XI. HYPERACTIVE TENDENCIES	☐	*XI*
XII. SEXUALLY ABERRANT BEHAVIOR	☐	*XII*
XIII. PSYCHOLOGICAL DISTURBANCES	☐	*XIII*
XIV. USE OF MEDICATIONS	☐	*XIV*

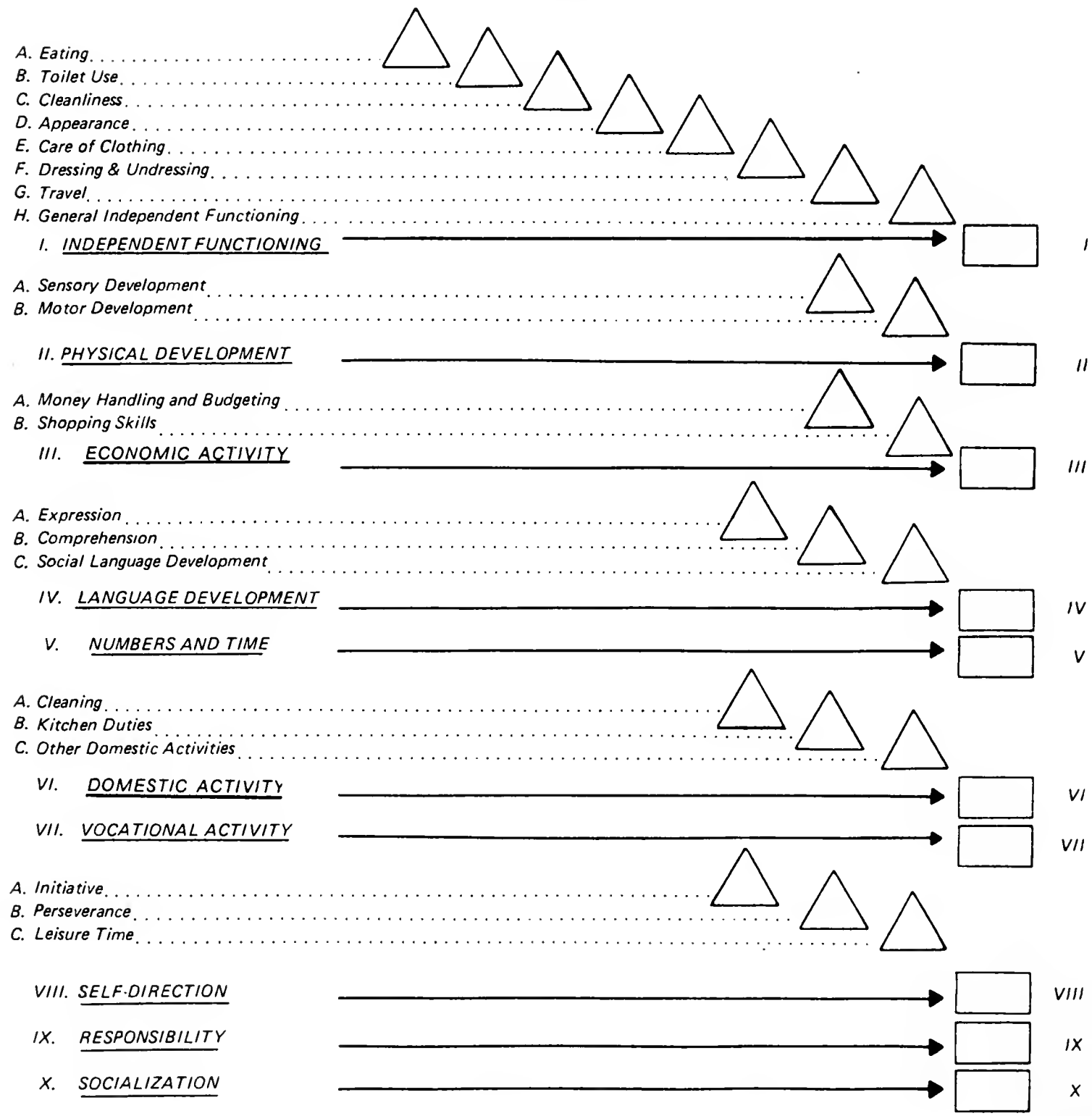
Identification _____

Age _____

Sex _____

Date of Administration _____

DATA SUMMARY SHEET - AAMD ADAPTIVE BEHAVIOR SCALE
PART ONE



DATA SUMMARY SHEET

PART TWO

I. VIOLENT AND DESTRUCTIVE BEHAVIOR	☐	*I*
II. ANTISOCIAL BEHAVIOR	☐	*II*
III. REBELLIOUS BEHAVIOR	☐	*III*
IV. UNTRUSTWORTHY BEHAVIOR	☐	*IV*
V. WITHDRAWAL	☐	*V*
VI. STEREOTYPED BEHAVIOR AND ODD MANNERISMS	☐	*VI*
VII. INAPPROPRIATE INTERPERSONAL MANNERS	☐	*VII*
VIII. UNACCEPTABLE VOCAL HABITS	☐	*VIII*
IX. UNACCEPTABLE OR ECCENTRIC HABITS	☐	*IX*
X. SELF-ABUSIVE BEHAVIOR	☐	*X*
XI. HYPERACTIVE TENDENCIES	☐	*XI*
XII. SEXUALLY ABERRANT BEHAVIOR	☐	*XII*
XIII. PSYCHOLOGICAL DISTURBANCES	☐	*XIII*
XIV. USE OF MEDICATIONS	☐	*XIV*

Identification _____

Age _____

Sex _____

Date of Administration _____

PROFILE SUMMARY
AAMD ADAPTIVE BEHAVIOR SCALE PART ONE

Deciles	I Independent Functioning	II Physical Development	III Economic Activity	IV Language Development	V Numbers & Time	VI Domestic Activity	VII Vocational Activity	VIII Self-Direction	IX Responsibility	X Socialization
D9 (90)										
D8 (80)										
D7 (70)										
D6 (60)										
D5 (50)										
D4 (40)										
D3 (30)										
D2 (20)										
D1 (10)										
Attained Scores										

Identification _____

Age _____

Sex _____

Date of Administration _____

PROFILE SUMMARY
AAMD ADAPTIVE BEHAVIOR SCALE PART TWO

Deciles	I Violent & Destructive Behavior	II Antisocial Behavior	III Rebellious Behavior	IV Untrustworthy Behavior	V Withdrawal	VI Stereotyped Behavior and Odd Mannerisms	VII Inappropriate Interpersonal Manners	VIII Unacceptable Vocal Habits	IX Unacceptable or Eccentric Habits	X Self-Abusive Behavior	XI Hyperactive Tendencies	XII Sexually Aberrant Behavior	XIII Psychological Disturbances	XIV Use of Medications
D9 (90)														
D8 (80)														
D7 (70)														
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Identification _____

Age _____

Sex _____

Date of Administration _____

PROFILE SUMMARY
AAMD ADAPTIVE BEHAVIOR SCALE PART ONE

Deciles	I Independent Functioning	II Physical Development	III Economic Activity	IV Language Development	V Numbers & Time	VI Domestic Activity	VII Vocational Activity	VIII Self-Direction	IX Responsibility	X Socialization
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D2 (20)										
D1 (10)										
Attained Scores										

Identification _____

Age _____

Sex _____

Date of Administration _____

PROFILE SUMMARY
AAMD ADAPTIVE BEHAVIOR SCALE PART TWO

Deciles	I Violent & Destructive Behavior	II Antisocial Behavior	III Rebellious Behavior	IV Untrustworthy Behavior	V Withdrawal	VI Stereotyped Behavior and Odd Mannerisms	VII Inappropriate Interpersonal Manners	VIII Unacceptable Vocal Habits	IX Unacceptable or Eccentric Habits	X Self-Abusive Behavior	XI Hyperactive Tendencies	XII Sexually Aberrant Behavior	XIII Psychological Disturbances	XIV Use of Medications
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D6 (60)														
D5 (50)														
D4 (40)														
D3 (30)														
D2 (20)														
D1 (10)														
Attained Scores														

A A M D
ADAPTIVE BEHAVIOR SCALE
For Children and Adults
1974 Revision

Name _____ Special Identification _____
(last) (first)

Date _____ Sex: M F Date of Birth _____
(mo) (day) (year) (mo) (day) (year)

Name of person filling out Scale _____

Source of information and relationship to person being evaluated (such as "John Doe - Parent," or "Self - Physician") _____

Additional Information: _____

_____

This Scale consists of a number of statements which describe some of the ways people act in different situations. There are several ways of administering the Scale; these, and detailed scoring instructions, appear in the accompanying *Manual*.

Instructions for the second part of the Scale immediately precede the second half of this booklet.

INSTRUCTIONS FOR PART ONE

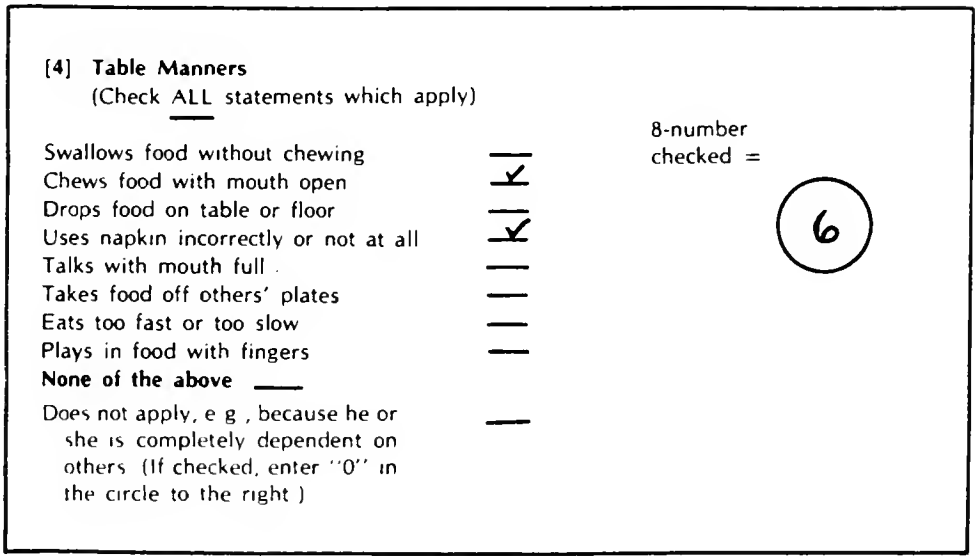
There are two kinds of items in the first part of the Scale. The first requires that you select only ONE of the several possible responses. For example:

[2] Eating in Public (Circle only ONE)

Orders complete meals in restuarants	3	
Orders simple meals like hamburgers or hot dogs	(2)	2
Orders soft drinks at soda fountain or canteen	1	
Does not order at public eating places	0	

Notice that the statements are arranged in order of difficulty: 3,2,1,0. Circle the one statement which best describes the *most difficult* task the person can usually manage. In this example, the individual being observed can order simple meals like hamburgers or hot dogs (2), but cannot order a complete dinner (3). Therefore, (2) is circled in the example above. In scoring, 2 is entered in the circle to the right.

The second type of item asks you to check ALL statements which apply to the person. For example:



In the example above, the second and fourth items are checked to indicate that the person "chews food with mouth open" and "uses napkin incorrectly." In scoring, the number of items checked, 2, is subtracted from 8, and the item score, 6, is entered in the circle to the right. Most items do not, however, require this subtraction; instead, the number checked can be directly entered as the score. The statement "None of the above," which is included for administrative purposes only, is not to be counted in scoring here.

Some items may deal with behaviors that are clearly against local regulations, (e.g., use of the telephone), or behaviors that are not possible for a person to perform because the opportunity does not exist, (e.g., eating in restaurants is not possible for someone who is bedridden). In these instances, you must still complete your rating. Give the person credit for the item if you feel absolutely certain that he or she can and would perform the behavior without additional training had he or she the opportunity to do so. Write "AR" for "Against Regulations" or "HNO" for "Has No Opportunity" next to the rating made in these cases. These notations will not affect the eventual scoring of that item, but will contribute to the understanding and interpretation of the person's adaptive behavior and environment.

Please observe the following general rules in completing the Scale:

1. In items which specify "with help" or "with assistance" for completion of task, these mean with *direct physical assistance.*

2. Give the person credit for an item even if he or she needs verbal prompting or reminding to complete the task unless the item definitely states *"without prompting"* or *"without reminder."*

This Scale is prepared for general use. Therefore, some of the items may not be appropriate for your specific setting, but please do try to complete all of them.

APPENDIX G

AGENCY COMMENTS AND RESPONSES

The Big Sky Country

STATE OF MONTANA
SOCIAL AND REHABILITATION SERVICES
P O BOX 4210
HELENA MONTANA 59601

THOMAS L. JUDGE
GOVERNOR
PATRICK E. MELBY
DIRECTOR

DEVELOPMENTAL DISABILITIES DIVISION
L. A. HAMERLYNCK
ADMINISTRATOR

October 11, 1977

Pat Melby, Director
Social and Rehabilitation Services
111 Sanders
Helena, MT 59601

Dear Pat:

Dr. Hamerlynck has asked me to respond on behalf of the Developmental Disabilities Division to the draft report "Follow-up Survey of Mentally Ill Patients Released from WSSH."

The nature of my response must depend on the premise of the contract with Dr. Sexton, et. al. Having been involved with discussions of this study over a year ago, it is my recollection that the OBPP wanted data which could be used to evaluate the success or non-success of Montana's deinstitutionalization program. Based on this premise, the study is extremely disappointing. If, however, the eventual agreement was to do a survey to see what a sample of persons placed from WSSH were like in terms of age, sex, skill levels, location of placement, type of placement, etc., then I have few comments.

My lack of knowledge of the contract specifications notwithstanding, I will proceed to mention a number of items I feel are noteworthy.

It is not clear on page 1 how the sample was drawn. The report states that "A list of names of all patients released prior to February, 1977 was obtained from WSSH and a systematic random sample was drawn." Does this mean they had patients released in 1930, for example, in their sample? The authors state later in the summary that it included patients who left after 1970. This should be clarified.

I cannot find data anywhere in the report which summarized dates of placement for the sample. This is pertinent information since length of exposure to community living arrangements may be an important variable relating to community adjustment and skill levels.

I don't feel the Adaptive Behavior scale information is useful for purposes other than giving us a profile of the "typical" client in the sample. Without any pre and post-institutionalization information, it is not possible to conclude that community placement had either a beneficial or detrimental effect. In addition, I am confused about the authors' statement in this section regarding "zero responses" generated by the scale. They state "A zero response may place the sample group within the maladjusted range when in fact they do not exhibit abnormal behaviors." I don't believe this statement is correct. In Part I of the scale (Adaptive Functioning), a zero response is generated either when the client's skill level is at the lowest possible level (on "positive" items) or when "Does not apply" is checked on "negative" items which indicates that the person is completely dependent on others. This should not result in any inherent biasing or skewing of the results. In Part II of the scale (maladaptive Behaviors), a zero response is generated when "None of the above" is checked. This indicates that the client emits none of the maladaptive behaviors listed for a given item. There is an inherent difficulty in that the client may have never had the opportunity to steal others' belongings in one setting and will emit the behavior subsequently in another setting, but the zero response in any event has the effect of putting the client in a more positive (adjusted) light because a higher score in Part II indicates less adaptation. One final comment regarding the ABS. On page two of the Summary and Conclusions the authors state that data were collected using the Camelot Behavior Scale. This was not mentioned earlier in the report and I wonder whether it was used or not.

I have a couple of comments about the survey results. The report found that 63% of the sample said they were satisfied with their placement situation. I find this figure alarmingly low and have to wonder how much involvement clients from WSSH have in their own placement planning. I was also amazed that only 22% of the sample were in a day training program (100% of DD clients from BRS&H are in day programs) and that only 50% of them had any written program plans. One might conclude from this that most persons in the sample did not need any day training except when one notes that 73% were seen as requiring either constant or moderate supervision.

To summarize, I feel that the survey information presented in the report is interesting and somewhat useful, but does not allow one to draw any conclusions regarding the success or non-success of the WSSH deinstitutionalization program.

Sincerely,

Dick Swenson

Richard P. Swenson, Ph.D.

cc: Dr. Hamerlynck

STATE OF MONTANA
DEPARTMENT OF INSTITUTIONS
HELENA

To John Fitzpatrick
Office of Budget and Program Planning

Date: November 1, 1977

From Lawrence M. Zanto
Director

Subject Response to the Draft Report on Deinstitutionalization of the Mentally Ill

Enclosed please find the Department of Institution's response to the draft report submitted by Drs. Ronald P. Sexton and Elia G. Nickoloff entitled Final Evaluation and Status Report of a Follow Up Survey of a Sample of Mentally Ill Patients from Warm Springs State Hospital Who Were Released to Community Service Programs Prior to February of 1977.

I would like to express my appreciation for the courtesy extended this Department in being able to review and comment upon this draft report.

LMZ:CC:jw

Enclosure

Department of Institutions Response to the Report entitled Final Evaluation and Status Report of a Follow Up Survey of a Sample of Mentally Ill Patients from Warm Springs State Hospital Who Were Released to Community Service Programs Prior to February, 1977 - submitted to the Office of Budget and Program Planning by Drs. Ronald P. Sexton and Elia G. Nickoloff.

The following comments on the Drs. Sexton and Nickoloff report represent a synthesis of input from staff at Warm Springs, the five Community Mental Health Centers and Mental Health and Residential Services staff. In general, the consensus is that while considerable effort was put into the development of the Final Evaluation, there are technical and conceptual flaws that seriously weaken the position of the authors in making the generalizations and conclusions presented in their report.

The dramatic shift in program emphasis and resource allocation that has accompanied the national deinstitutionalization program as well as its consequent impact on so many lives within our own state certainly merits careful scrutiny and evalution. The Department of Institutions programmatic orientation as relates to mental health services is predicated upon appropriate deinstitutionalization. Unfortunately, the Final Evaluation does not appear to be addressing the deinstitutionalization program in Montana, rather the focus of the report is simply upon released patients from the hospital. Although there were sporadic attempts to appropriately place patients in the community prior to 1975, Montana did not develop an organized deinstitutionalization program until 1976. The Final Evaluation does not take this fact into consideration.

The following is a non-exhaustive list of comments/deficiencies noted in the Final Evaluation.

Major Deficiencies

1. Perhaps the most flagrant defect noted is the size of the sample of cases employed in the report. During the period covered by the Final Evaluation (1972 first patient released through January, 1977) there were approximately 5,342 patients released from Warm Springs. The sample of 41 actual patients traced by the author represents less than 1 per cent of that number. Further, sixteen of these patients were released prior to March, 1976. The Department's program of deinstitutionalization as reflected in the Warm Springs State Hospital Patient Placement Agreement with the five Community Mental Health Centers was not begun until January, 1976 and program/services were not started until at least March, 1976. Thus, the evaluation of the deinstitutionalization program can only focus on a sample of twenty-five patients. Unfortunately, the data in the report does not allow identification of which patients of the original 48 are the twenty-five who participated in the deinstitutionalization program.

2. As mentioned above, the sample size does not allow meaningful statistical analysis of the data. Therefore, inferences made or conclusions drawn from the data are open to serious questions. The frequent use of percentages to emphasize points by the author is also misleading inasmuch as the sampling error is so large that random variation by only one or two patients can change the per-

entages reported by 15-20 points.

3. Because deinstitutionalization is not simply removal of the patient from a hospital setting to the community, it is impossible to make any comparative statements concerning the quality of care received by the "deinstitutionalized" group without a matched sample of patients who have remained at the hospital, and/or a matched sample of patients already in community programs. In the absence of such intergroup comparisons, it is difficult to determine whether the deinstitutionalized patients were better off, worse off, or experienced no change when they were moved to community programs.

4. The recommendations made by the author are too general to be of much value in program planning.

5. The Final Evaluation is almost wholly negative. No mention is made of the extensive efforts by a number of people at various agency levels to assist these patients and to overcome considerable obstacles of funding, interagency coordination and community resistance.

Minor Deficiencies

1. No rationale is presented for using the time from January 1972 - January 1976.

2. Why were no replacement or alternate cases chosen to at least maintain the original sample size of 58?

3. Although the diagnostic categories listed under Diagnosis At Time of Entry Into WSSH, do not conform to currently accepted psychiatric nomenclature, the categories listed generally came into use after the time of admission of many individuals in the sample. Therefore, the diagnoses listed must be either final diagnoses (diagnosis at time of release), or someone's attempt to rephrase diagnoses into more modern categories. This should be clarified.

4. In Treatment Plan at WSSH section, it states that chemotherapy was listed 56.9% of the time as a treatment regimen, yet in the previous section it states that "nearly 100% of the patients were using medication at the time of their release". What is the source of this discrepancy?

5. The section Treatment Plan Upon Release talks about a "...treatment plan for those who were released..". It is unclear whether this refers to (1) the WSSH individualized treatment plan in effect at the time of the person's discharge, (2) the proposed aftercare plan formulated by WSSH, or, (3) a treatment plan formulated for the individual by some agency other than WSSH.

6. The Summary and Conclusions section states "data collection using the Camelot and Adaptive Behavior Scale were also arranged". The "Camelot" is mentioned no place else in the report. No data from it is presented. No reference to it can be found in the most recent Mental Measurements Year Book, (The standard source of information concerning assessment instruments).

7. The Sample section states, "... a patient must have been hospitalized three years or longer to meet the criteria of being deinstitutionalized", and a later section states, "... the length of patient institutionalized time reflected a range of three to fifty-three years", however, Data Category 19 of Appendix B indicates that one individual in the sample was hospitalized two years or less and the length of hospitalization of two individuals in the sample was unknown.

In summary, the input received from the five community mental health centers, Warm Springs State Hospital staff and the staff of the Central Office of the Department of Institutions indicates an overall disappointment in this study; but the Department is committed to quality program evaluation efforts and offer for your consideration the following design criteria suggestions for future efforts in this area.

1. Test instruments should have a proven high validity and reliability.

2. A studies 'hypothesis/questions' should be clearly spelled out very specifically and be of research quality.

3. Recommendations should be very specific in nature and closely tied into the follow-up results. This report had general recommendations and the recommendations weren't tightly tied into the follow-up results.

4. All analysis of findings in this type of study needs to be jointly reviewed by both independent researchers and participating agencies. This joint analysis is needed to develop constructive recommendations, corrective steps devised for minimizing deficiencies and equally important, positive outcomes should be noted and then shared with all concerned.

5. Cost-efficiency studies should also be incorporated into this type study as this dimension along with quality of care are key issues in excellent service delivery.

November 9, 1977

Mr. Ted Clack
Office of Budget and Program Planning
Office of the Governor
State of Montana
Helena, MT 59601

Dear Ted:

Please find enclosed a copy of the revised report which now contains all corrections and adjustments as per your telephone feedback and our joint review of November 7, 1977.

Attached is a brief letter containing several response considerations from the study team as regards to the review letter presented under the signature of Mr. Melby and Mr. Xanto.

Sincerely,

Ron

Ronald P. Sexton, Ph. D.

Enclosure

SAMPLE SIZE

The evaluators obtained a computer printout containing the names of all patients who were released from WSSH between the dates of July 1, 1975 and February 19, 1977. July 1, 1975 being identified as the closest approximate date to the start of the "official" deinstitutionalization "campaign." The WSSH printout obtained contained a list of approximately 1400 patient names, persons identified as having been released during the stated time period.

From the list of 1400, a sub-list of all patients who had spent a minimum of three years at WSSH prior to release was generated (three consecutive years of stay being our operational definition of an institutionalized patient). This sub-list contained two hundred and ten persons. From a pool of 210, a patient study sample of sixty (29%) patients were randomly selected across the five mental health regions of the state. The study team considered twenty-nine percent of the patient pool, a sample of 60 patients a sufficient sample size.

The singular patient identified in the pool sample as having less than three years of consecutive WSSH stay was included because one source computer printout reflected the shorter length of stay, but another source (patient file) reflected a sufficiently longer period of stay.

THE COMPUTER PRINTOUT

The computer printout obtained from the WSSH data center contained a number of errors. Several being related to patient release data (Region) and patient entry and exit data. For example, the printout identified several patients having been released to Region I, when followup study found them to have been released to Region IV. Several patients found living in Region II

were relased to Region IV (according to printout data).

CONTROL GROUP

As was referenced in the text of the study report, the study team found little tangible evidence of any written objective criteria for patient release or any stated systematic procedure and criteria for deinstitutionalization. The WSSH policy appeared to be that of releasing patients when they had been determined to have received maximum benefit from the staff and resources at WSSH.

Interviews conducted at WSSH and throughout the five Mental Health Regions confirmed the above impressions. Study team efforts to identify a group of patients for pre-release study was attempted on several occasions. However, each attempt produced limited patient response (N=2) and a general reaction of "it's impossible, we don't know who or what patients will or are likely to be included in the next group or groups to be released." Thus, within the time frame of the study, we were unable to identify a patient pool for pre-release study or for the development of a control group. The proposed pre-post analysis of released patients was determined to lack feasibility under existing conditions as perceived by the study team.